NL Group 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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 25 February 2015 and was announced. We gave the registered provider notice of the inspection to make sure that the registered manager was available on the day of the inspection. However, the registered manager was not present on the day but other managers were available to assist with the inspection. We previously visited the service on 28 January 2014 and found that the service met the areas that we assessed.

The service is registered to provide personal care to people who live in their own home. On the day of the inspection the agency were providing a service for 33 people, both children and adults, who lived in their own home and employed 30 care staff, 135 nurses and 2 personal assistants. The agency office is situated in Hessle, in the East Riding of Yorkshire, close to the city of Kingston upon Hull. There is ample parking space available for staff when they visit the agency office.

The registered provider is required to have a registered manager and there was a registered manager in post who was registered with the Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The training matrix recorded that all staff had received training on safeguarding vulnerable adults and children from abuse. Care workers displayed an understanding of the action they needed to take if they became aware of a safeguarding incident.

There was a complaints procedure in place and people told us that they would not hesitate to contact the agency office if they had a concern. We were told that care coordinators and managers at the agency office did not always respond appropriately when concerns were raised with them. However, this was not explored further with the registered provider.

Staff were recruited following robust recruitment practices and there were sufficient staff to meet the needs of people who received a service.

Risk assessments had been completed that recorded individual risks to people and risks associated with a person's home, and how these should be managed. However, some care workers told us that some people who received a service from the agency had not received the support of two people to assist them when this was recorded in their care plan as a need. We have made a recommendation about this in the report.

Staff received induction training and on-going training although the training matrix did not clearly record whether staff had completed training on the Mental Capacity Act 2005 (MCA).

People were happy with the assistance they received with the preparation of meals.

People told us that staff cared about them and supported them to be as independent as possible. Most people told us that staff respected their privacy and dignity.

People's needs were assessed and recorded so that their individual needs were known by staff. Care plans were regularly reviewed to make sure that staff had an up to date record of a person's needs.

We did not see sufficient evidence that systems were audited to ensure that the service was operating in accordance with the agency's policies and procedures.

One person told us that a care worker had made a medication error and that they had identified missing medication. They said that agency staff had been informed but no action had been taken.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, now replaced by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires improvement

The care provided was not always safe.

People told us that care workers had made errors when assisting with the administration of medication. They told us this had been reported to agency staff and they had not taken any action.

Staff displayed a good understanding of the different types of abuse and were able to explain the action they would take if they became aware of an abusive situation.

Recruitment practices were robust and ensured only those people considered suitable to work with vulnerable people were employed.

Risk assessments completed in respect of people's homes protected staff and people who received a service from the risk of harm. However, we were told that some people were assisted with moving and handling by one member of staff when they had been assessed as needing two people to support them.

Is the service effective?

Good

The service was effective.

Records showed that staff completed training that equipped them with the skills they needed to carry out their role.

People told us that they were happy with the support they received with the preparation of meals.

Staff supported people to have access to health care professionals when required.

Is the service caring?

Good

The service was caring.

Most people who received a service from the agency and their relatives told us that staff were caring.

It was clear that care workers understood people's individual needs.

People's privacy and dignity was respected by most staff and people were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and continually reviewed. People's preferences and wishes for care were recorded and these were known by staff.

Summary of findings

There was a complaints procedure in place and most people told us that they were confident that any comments or complaints they made would be listened to.

Is the service well-led?

Requires improvement

The service was not well led.

There was a registered manager in post at the time of the inspection.

We did not see how audits undertaken by agency staff were used to identify improvements that needed to be made. Some quality assurance information was not made available to us.

NL Group 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 25 February 2015 and was announced. The inspection team consisted of one inspector from the Care Quality Commission on the day of the inspection and an Expert by Experience who telephoned people who used the service following the inspection.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider, information we had received from both of the local authorities who commission a home care service and information from health and social care professionals. We asked the provider to submit a provider information return (PIR) but they have since informed us that they did not receive it. This was intended for an inspection later in the year but we brought forward the inspection due to concerns we had received. The PIR is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who receive a service.

On the day of the inspection we spoke with a care coordinator, a director and the managing director. We spent time looking at records, which included the care records for four people who used the service, records for two members of staff and records relating to the management of the service.

Following the inspection, an Expert by Experience telephoned 12 people to ask them about their opinion of the service provided by the agency. We also visited two people in their own homes who received a service from the agency and spoke with five members of staff on the telephone.

Requires improvement

Is the service safe?

Our findings

People who we spoke with and people who we visited in their own home told us that they felt safe whilst care workers were in their home. This was re-iterated by three relatives / visitors who were present when we visited people in their own home.

We checked the training matrix and the personnel records for two members of staff. These showed that staff had completed training on safeguarding adults from abuse during their period of induction and then again in refresher training. However, three staff who we spoke with said that they had not undertaken training on safeguarding adults from abuse whilst working for the agency, but had completed this training at previous work places. One member of staff told us that staff were currently undertaking on-line training and this included safeguarding adults from abuse. Another member of staff told us that the training on this topic they had undertaken at the agency was "Not in enough depth." However, care staff who we spoke with were clear about the action they would take if they observed an incident of abuse or received an allegation of abuse. They told us that they would ring the office to speak to a manager, and if they did not feel their concerns were listened to, they would take the matter further. Staff told us that they would have no hesitation in using the organisation's whistle blowing policy.

We checked the folder where safeguarding and complaints information was held. This included information about safeguarding procedures and forms ready for staff to use if they needed to submit a safeguarding alert. The folder also contained a copy of the new safeguarding thresholds produced by East Riding of Yorkshire Council and the operational policy produced by Hull City Council.

We saw a record of one safeguarding alert that had been submitted to the local authority by CQC. The record evidenced that staff from the local authority safeguarding adult's team had discussed the concerns raised with the registered manager and had ascertained that all issues had been addressed by NL Group and an investigation did not need to be carried out. The director told us that they had made telephone calls to the safeguarding team to discuss other issues and to ask whether a safeguarding alert needed to be submitted. We advised that a record of these telephone calls should be retained for future reference.

One person who we spoke with on the telephone following the day of the inspection shared some concerns with us. These included missing medication, money going missing from their home, missed calls and a male care worker attending them when they had specifically asked to be supported by female care workers. They told us that these issues had been raised with the agency office but no action had been taken. We submitted a safeguarding alert to the local authority in respect of these safeguarding concerns.

Prior to the inspection we had received information from two whistle blowers that included information of concern about several people who used the service. We also received information of concern from one person who used the service and two relatives prior to the inspection. We had submitted safeguarding alerts to the relevant local authority in respect of this information and had not received outcomes at the time of the inspection.

The agency's statement of purpose and service user guide included information about risk taking and risk management. People received a copy of these documents when they first started to use the service. We saw that one person's care plan recorded clear instructions for staff to follow if the person had a seizure, including that they should ring 999 if the person's condition worsened. This care plan was due for review in July 2014 but there was no evidence that a review had taken place. A member of staff told us that they had got to know a particular person as they had visited them for a long time so could understand their changing 'behaviours'. The care worker said, although this had not been recorded in the person's care plan, they made sure that they informed any new care workers about the best way to support this person safely.

Each care plan included a risk management form that assessed the safety of the person's home environment. This included details of fire safety, slips and trips, electrical equipment, the use of hoists and wheelchairs, working at height, lone working, violence and aggression, passive smoking and any infection risk. The form recorded details of the hazard, the level of risk, who might be harmed and how, any control measure put in place.

We saw that individuals also had a personal emergency evacuation plan (PEEP) in place; these documents advised staff about the level of support a person would require if they needed to be evacuated from their home in an

emergency. There were systems in place for any accidents and incidents to be reported to the office, recorded and analysed to check for any patterns or identified improvements.

Staff were available at the agency office until 9.00 pm to deal with queries and emergencies and we were told that telephones then transferred to the 'on call' system. This was available over a 24 hour period. This ensured that people who used the service and staff were always able to contact a senior member of staff in an emergency.

In one person's care plan we saw a list of equipment that was needed to assist them with moving and handling; this recorded the date that equipment had been checked to confirm it was safe to use. Spot checks were undertaken by agency staff in people's homes. This gave agency staff the opportunity to check the safety of the environment and the equipment used by staff.

Some of the information of concern we received from whistle blowers and others was about people not receiving assistance from two members of staff when their care plan and risk assessment recorded that moving and handling tasks needed to be undertaken by two people to be safe. A member of staff who we spoke with as part of this inspection also raised this as an issue. They confirmed that staff were sometimes asked to complete these tasks on their own and said, "The care is just not good enough."

One care plan we saw recorded that the person required the support of two staff to use the standing hoist. However, their 'assessment of ability' document in the care plan folder recorded that they needed the support of one carer. We were concerned that this could have caused confusion for staff and could have resulted in the person receiving unsafe care.

The people who received a service from the agency who we spoke with at the time of the inspection told us that, if their care plan identified that two people were needed to carry out a task such as transferring from a wheelchair to a bed, they received support from two people. One person told us prior to the inspection that they were regularly not supported by two people when their care plan identified this was needed. Our discussions with the agency office identified that every effort was made to provide two people to carry out these tasks and to meet this person's assessed needs. However, we noted that this person's care plan recorded that they would receive the support of two staff for all calls and that the agency would cover four calls each day plus a night sit. We discussed this with the director and suggested that the care plan should record that the agency would meet this person's requirements whenever they could, but there may be occasions when they would not be able to, and staff from another agency would be used to make up the shortfall whenever this was possible. The director agreed that this action would be taken.

We recommend that information in care plans about a person's assessed needs in respect of moving and transferring is known, understood and adhered to by all staff.

The agency had a policy on recruitment and this included the use of employment checklists, feedback forms, and a good practice guide for employers on language competency. We checked the recruitment records for two new members of staff. We saw that application forms had been completed and that these were accompanied by a CV from the applicant. Application forms or CV's recorded the person's employment history, any relevant training completed, the names of two employment referees and a declaration that they did not have a criminal conviction. Prior to the person commencing work for the agency, checks had been undertaken to ensure that they were suitable to work with vulnerable people, such as references, a Disclosure and Barring Service (DBS) check and identification documents. We saw that two staff from the agency carried out an employment interview and that interview questions and responses had been retained for future reference. A note of the applicant's previous training certificates was retained by the agency so that there was a record of the training they had already completed.

People received support with taking medication but this was mainly to remind people to take their medication and to take medication out of packaging for them. The training matrix evidenced that all care workers had undertaken training on handling medication although we saw that one person's training had been in 2010 so they were overdue for refresher training. When we visited one person at their home we were told that their relative collected medication from the pharmacy and that staff recorded administration on a medication administration record (MAR) chart. We saw the MAR chart on the day of the inspection and saw that

Requires improvement

Is the service safe?

recording was appropriate. The pharmacy had supplied a spare label to be adhered to the MAR chart to reduce the risk of errors occurring. The person told us that they always received the right medication at the right time.

The director who we spoke with told us that medication administration record (MAR) charts were returned to the agency office periodically so they could be checked by agency staff. We checked a sample of MAR charts and found recording to be satisfactory.

One person who received support from the agency had specific medication needs and these required careful preparation. We observed that the care plan recorded very detailed information for staff on how to prepare the medication and administer it to the person concerned. One person who we telephoned told us, "My carer will get my tablets and give them to me with a glass of water. If she happens to be early one day, she will put the tablets on my table with a glass of water for me to take later at the correct time." We were concerned that this person's MAR chart may have been signed when the member of staff had not actually seen the person take their medication.

However, one person who we spoke with told us that the medication doses prepared for them by care workers had been incorrect on occasions. During the previous week a care worker had prepared a double dose of one medicine but the person had realised this and not taken it. This could have resulted in harm to the person if they had not spotted the error; the error had not been identified by the care worker. This person had also had medication missing from a locked drawer that only they and care workers had access to. This person had reported the missing medication to the agency office but was not aware that any action had been taken. As stated above, we submitted a safeguarding alert to the local authority in respect of this information.

We found that the registered person had not protected people against the risk of receiving the wrong medication. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, which corresponds to regulation 12 (f) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good

Is the service effective?

Our findings

We checked the induction and training records for two members of staff. During their first two days at the agency they had completed on-line training on basic life support, epilepsy, the control of substances hazardous to health (COSH), fire safety, food hygiene, handling medication, handling violence and aggression / complaints, health and safety, infection control, lone working, information governance, moving and handling and safeguarding adults from abuse (SOVA) and safeguarding children from abuse (SOCA). Records indicated that staff completed induction training and were introduced to the people who they would be supporting prior to their official start date. When new in post staff were also given a company handbook and a contract.

We saw that there were forms in place ready to record a four to six week assessment, a 12 week assessment and a 24 week assessment following the person's start date. This showed that a new employee's progress was monitored by the agency to ensure they were carrying out their role effectively.

The director told us that mandatory training consisted of complaints, SOCA and SOVA, moving and handling, use of the hoist, mental health, equality and diversity, RIDDOR and data protection. Staff carried out this training annually (on-line) and had to achieve a score of 75% to pass. In the two staff files we checked we saw that the care workers had completed training on moving and handling and basic life support; both training sessions had been completed on-line.

However, when we spoke with staff, three of them told us that they had received minimal training when they first started to work for the agency. One care worker told us that they only felt safe whilst carrying out their role due to training they had completed at another care provider, not due to the training they had undertaken at NL Group.

Most people who received a service from the agency had the capacity to make their own decisions. Those people who lacked capacity to make decisions lived with a relative / carer. Care plans recorded whether people had capacity to make decisions and to consent to care. People who we spoke with told us that their care workers only carried out tasks or assistance with personal care when they had obtained consent or 'implied' consent, and that they were encouraged by staff to make decisions about their care. A director of the company told us that staff had completed training on the MCA as part of National Vocational Qualification (NVQ) and dementia training. However, this was not clearly recorded on the training matrix provided to the Commission.

Some of the people who we spoke with after the inspection told us that they had assistance with meal preparation. People told us that they were always asked what they would like to eat and the care worker would then go about preparing it. One person told us that their care worker stayed with them for one and a half hours at lunchtime so they had time to prepare a meal 'from scratch'. This meant that they did not need to have a microwaved or processed meal. They added, "Whilst my meal is cooking she still has time to do other jobs for me and I really appreciate this." Other people told us that they were quite happy to have a pre-prepared meal that was heated in the microwave. None of the people we spoke with had special dietary needs but we saw in care plans for other people that any special dietary needs were recorded. One person's care plan recorded, "(The person) should have soft food options as they have had a choking incident."

The director told us that no food and fluid charts were currently needed but we saw there were copies in the daily record book at people's houses if needed. One care worker told us that they would inform family or the agency office if they felt a person was not eating or drinking sufficiently.

We checked a sample of care plans at the agency office. We saw that they included details of the person's health problems, any allergies, the name of their GP and their current prescribed medication. There was an assessment and risk assessment for moving and handling, including any history of falls and details of any equipment used. This ensured that staff were aware of people's health care needs so that they could provide appropriate support.

Care workers told us that they usually visited people on a regular basis so got to know them well. They said that if they noticed they were unwell, they would contact their family or the agency office. One care worker said that they would not hesitate to contact the person's GP or ring 999 if this was needed. However, a relative told us that their relative had been unwell. When the relative spoke with agency staff, they said they had noticed that the person was unwell. They had not contacted the relative or the person's GP to seek advice or medical attention.

Good

Is the service caring?

Our findings

People told us that they felt their care worker(s) cared about them. One person told us, "They are great" and another person told us their regular care worker was "Just perfect." A person's relative told us that the regular carer "Goes over and above."

One care worker told us that they had been told they were a good carer. They said that they expected the same from their colleagues. They said that, when they had worked alongside colleagues, they had always observed good care. They were confident that people who received a service would tell their regular care worker if they had had a poor experience with another care worker.

The agency's statement of purpose included information about the Dignity in Care campaign. This was to inform people who used the service that respecting a person's dignity was an important part of the service they provided.

Care plans recorded detailed information for staff on how to support people with personal care needs. The people who we spoke with told us that staff respected their privacy and dignity. People were able to give examples of how care workers carried out personal care in a way that protected their privacy and dignity. One person told us, "My carer always makes sure that if she sees that my clothes are dirty she will say to me and ask what clean clothes I would like to wear that day." Another person told us that care worker always closed the curtains before they assisted their relative to undress and get into bed. However, prior to the inspection one person told us about a situation where personal care was not carried out in a dignified way. Agency staff had carried out an investigation and we received an outcome following the inspection. They told us that staff had received training on how to provide care in a way that protected a person's privacy and dignity and they would ensure that all staff adhered to company policy on this issue.

Most people told us that they received support from a regular group of carers. Some people who had received a service from the agency for some time had received assistance from the same care worker for over a year. People told us that they really appreciated this. One person told us that their relative would have difficulty in accepting new care workers. The agency had suggested they should gradually introduce "A couple of new faces" so that there would be staff who could provide support if the regular care worker could not attend. This showed that the agency were planning ahead to ensure they could meet people's specific care needs.

One person told us that staff were not careful enough about respecting confidentiality and said that they talked about other people who they were supporting. They also said that some staff were 'over familiar' – they mentioned 'hugging and kissing' as an example. However, no-one else raised this as an issue. Staff received training on confidentiality as part of their induction training and this was also included in the staff handbook. We advised the registered persons that they may wish to re-visit this topic to ensure that all staff understood the concept of confidentiality in respect of their role as care worker.

People told us that they were involved in developing their plan of care when they first started to receive a service from the agency. One person told us, "When I started with the agency last year a manager sat down with me and we talked about my care needs. As a result of this conversation she put together a care plan which I was able to look at and change if I felt it didn't take account of some of my needs." People told us that their care needs were reviewed on a regular basis and that their care plan would be adjusted as their needs changed. One person said, "I had a review meeting three weeks ago and the manager came to visit me to talk about how things are. I told her that I was struggling in the early evening and we agreed that an extra visit would be put in to help me get ready for bed." This evidenced that people's needs were regularly reviewed and care plans updated accordingly to ensure staff were aware of their current care and support needs.

We spoke with a care coordinator from the agency office who told us that two copies of care plans were produced. They said that care plans were taken to people at their home and both copies were signed; one copy was left with the person and one copy was returned to the agency office. This ensured that people were aware of their agreed care plan and that staff had a copy of the current care plan to follow at each person's home.

We saw that both of the people who we visited at home had a copy of their care plan. People also confirmed that their care workers recorded information in their care plan at each visit to ensure that all staff were aware of their current situation. The director who we spoke with told us that daily record sheets were returned to the office

Good

Is the service caring?

periodically so that they could be checked. This enabled agency staff to check that recording was respectful and accurate, and that any concerns identified by care workers had been passed to the agency office.

We checked a sample of care plans at the agency office. They included an assessment and risk assessment for moving and handling, including any history of falls and details of any equipment used. There was another assessment that covered areas such as continence, eating and drinking, eyesight, communication skills, use of the stairs, interest / motivation and awareness of surroundings. There was a plan recording how any identified needs would be met by care workers from the agency.

Care workers told us that they were told about people's care needs before they visited them for the first time and were also given updated information if a person's care needs changed. Whenever possible, care workers were introduced to people by an existing care worker or someone from the agency office. This meant that people had usually met care workers who would be supporting them before they visited their home for the first time. People could choose to receive an email, a telephone call or a letter through the post to inform them of who would be attending the following week.

Good

Is the service responsive?

Our findings

One person who we visited told us that their care worker accompanied them on outings, including shopping and trips to the theatre. This enabled them to take part in activities that otherwise would have been denied them.

The agency's statement of purpose and service user guide included information for people who used the service about the complaints policy and procedure.

We saw the standard operating procedure for complaints and incidents. We noted that the folder recorded any complaints or compliments that had been received by the agency office. There was a summary of complaints received for January and February 2015. This recorded that there had been no complaints received but one concern had been received. This was a letter from the relative of someone who used the service in respect of the cost of the service. They had received a letter of explanation from the agency and sent a further letter thanking them for the explanation. They added, "May I take this opportunity to reiterate how much my parents and I value the excellent care given by (care worker)."

People and their relatives who we visited at home told us that they would not hesitate to ring the office but that they had no reason to, as they were satisfied with the service they received. A care worker told us that they would support people to make a complaint if they thought it was needed.

However, one care worker told us that they had reported to the office that another care worker had 'been rough' with a person who used the service and that no action had been taken. This information was not seen in the complaints log or in safeguarding records.

We asked people if staff were helpful when they contacted the agency office. Everyone told us that their calls were usually answered promptly and if the person they spoke to could not answer their query, someone would ring them back. One person said, "I know I haven't had to ring the agency for quite a while, but I can't remember there ever being a problem when I have spoken to anyone in the office."

People told us that they had not formally been asked if they were happy with the service they received, for example, by completion of a written satisfaction survey. However, we saw evidence of satisfaction surveys that had been completed with people who used the service over the telephone. The only recent service user telephone survey seen was carried out on 18 February 2015. In these surveys people were asked if they felt safe and comfortable with their key worker, if their key worker arrived at the scheduled time, if care workers helped them to maintain their independence, if care workers respected their opinions and if the person had control and choice over the care they received. All of the responses recorded were positive.

Although satisfaction surveys were irregular, spot checks were carried out at a service user's home. We saw the forms that were used to record these visits. Agency staff checked attendance records, the care plan (including if the care plan needed to be updated), task lists and medication records (when applicable). They asked people if they had ever had any missed calls, if staff stayed for the right length of time, if staff turned up on time and if they were happy with the staff who attended them. They were also asked questions about privacy and dignity, if staff used their preferred name and if they were happy with the care workers who were attending them. All of the responses we saw were positive.

We noted that spot checks also recorded information about the care worker who was present at the time. This included whether they were wearing their uniform and identification badge, and if they were providing a service that was in line with the person's plan of care.

We spoke with a care coordinator from the agency office who told us that they had a tracking system on the database to identify when care plan reviews, spot checks and staff supervision meetings were due.

Requires improvement

Is the service well-led?

Our findings

The service has achieved the Investors in People Award and at a recent review they were awarded the gold standard. In addition to this, they had achieved ISO9001: 2008 Quality Management Standard and are a member of the Recruitment and Employment Federation.

The agency's service user guide included a reference to their values, which included appreciation, passion, respect and integrity. Statements included, "We will see through the eyes of those whose lives we effect" and "Pride, enthusiasm and commitment."

One care worker told us that the agency were 'organised'. They said staff were told about any calls in advance and there was a system in place that reminded staff about their calls so they could not forget.

Some care workers expressed concerns about the running of the agency. One care worker told us that a lot of pressure was put on them to cover shifts when they were supposed to be off work and another care worker told us that agency staff were so keen to cover calls that they did not always take people's specific needs into consideration. Another care worker told us that care workers were allowed little or no travelling time between calls so they always felt 'rushed'.

However, people who we spoke with told us that care workers stayed with them for the agreed length of time and no-one felt that their care was being rushed. One person said, "My carer is very patient and makes sure that I am comfortable in my chair before she will leave me. Occasionally it will mean that she has to spend a few more minutes with me than she is supposed to." Another person said, "My carer will sometimes have a couple of spare minutes when she can do a couple of odd jobs for me or she'll make me a cup of tea before she needs to go."

We saw the minutes of one meeting for care workers that had taken place during 2014; this was on 9 October 2014. We saw that 12 staff had attended the meeting and the topics discussed included sickness reporting, a reminder that accidents and incidents needed to be reported to the agency office, lone working, professional boundaries (staff should wear uniform and be aware of confidentiality) and "Communication with the office is a two way thing so problems can be resolved as soon as possible." We had submitted a number of safeguarding alerts to the local authority following receipt of whistle blowing information. We saw that the people who used the service referred to in these alerts were discussed at the agency office meeting on 17 February 2015. This meant that agency staff had been made aware of the outcome of the investigations carried out by the local authority. As a result of discussions held with the local authority, agency staff had brought forward the care needs reassessment for one of these people.

More regular meetings were held for office staff. We saw the minutes of the meeting held on 17 February 2015. The topics discussed included spot checks were due to be undertaken that week, the next round of supervision meetings had been arranged and individual concerns about people who used the service. We were told that these meetings were held every one to two weeks.

The director told us that any compliments received were shared with care workers. One care worker told us that they had received feedback from the office to say that people who used the service had contacted the agency to express satisfaction with their work.

We asked the director how they monitored that staff arrived at people's homes at the correct time and stayed for the correct length of time. They told us that staff had been issued with telephones that linked to a Global Positioning System (GPS). This system alerted the agency office when care workers had not arrived at a person's home and meant the agency could monitor the whereabouts of staff at all times. There was a contingency system whereby, if there was no mobile phone signal, staff could enter a code into the telephone that 'logged' them in and out. This information was checked at 'spot checks' and when log books were returned to the agency office, as staff were required to record their arrival and departure times in the log book at each call.

The people who we spoke with, apart from one, told us that they had not had any missed calls. They said that staff were sometimes late, but someone from the agency would usually ring them to explain what had happened. One person said, "The agency send me a list of carers for the following week so I know who to expect and usually, if someone is running late, I will get a call to tell me. I have occasionally had to ring to check and the agency has found out what the problem was and rung me straight back." We saw examples of these lists when we visited people in their own home. People told us that this reassured them that they would be provided with appropriate support each week.

Requires improvement

Is the service well-led?

At the inspection we were told that 'non-conformance' reports were produced and that these recorded any corrective action that needed to be taken, such as missed calls or occasions when staff had not stayed at a person's home for the correct length of time. We were told that there was also a monthly quality monitoring meeting and an audit planning form in use. These were not provided for us on the day of the inspection and it was agreed that they would be forwarded to the Commission following the inspection. However, these documents were not received.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not protected service users against the risks associated with the unsafe use and management of medicines.