

Regional Care Services Limited

Carewatch (Hampshire South)

Inspection report

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Tel: 08452414008

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23 March 2016

24 March 2016

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 22, 23 and 24 March 2016 and was announced. We gave the provider 48 hours' notice to give them time to become available for the inspection.

Carewatch (Hampshire South) provides care to people living in their own homes across various locations in and around the Hampshire area. The number of hours provided to people had significantly reduced since our last inspection. The provider's documentation showed the Chandlers Ford office was commissioned to provide 2,977 care hours per week compared to 4,260 per week when we inspected in September 2015.

At our announced inspection on 14, 15 and 16 September 2015, the provider was in breach of nine regulations relating to; person-centred care, dignity and respect, need for consent, safe care and treatment, safeguarding service users from abuse, meeting people's nutritional and hydration needs, receiving and acting on complaints, good governance and staffing.

We took action and issued warning notices against the provider in relation to staffing and good governance. We told the provider they must meet the requirements of these notices by 14 March 2016. We rated the service 'Inadequate' and it was therefore placed in 'Special measures'. The provider sent us an action plan to tell us how they would meet the requirements of the warning notices and how they would meet the other regulations.

We undertook an announced comprehensive inspection on 22, 23 and 24 March 2016 to check they had followed their plan and met the legal requirements in relation to the warning notices we issued and the other breaches. At this inspection we found significant improvements had been made. The provider had met the warning notices, however improvements were still needed to be made with some of the other regulations requiring improvement. The rating for Carewatch (Hampshire South) has been changed from 'Inadequate' in every domain to 'Requires Improvement' in every domain and therefore the service will be taken out of special measures, though improvements will need to be sustained.

Significant progress had been made in respect of the number of suitably skilled, qualified and experienced staff deployed. However the provider still required improvements to ensure all care visits were delivered.

Significant progress had been made in respect of staff training and induction. However the provider still required improvement to ensure all staff were appropriately trained to meet people's individual needs.

Significant progress had been made in relation to staff supervision and appraisal. However the provider still required improvement to ensure all staff are given the opportunity to discuss their learning objectives and to meet formally with their manager.

Progress had been made in how the provider checked staff were of suitable character to care for vulnerable people. Improvements were still required to ensure the provider's recruitment processes were robust.

The provider was aware of who required assistance with their medicines and medication administration records were now in place. However the provider required improvement to ensure reasons for the administration of some medicines such as paracetamol, were always recorded.

People told us they were treated with dignity and respect when they received care. However improvements were required to ensure people's queries about their care were responded to in a timely manner.

Improvements had been made in how staff applied the Mental Capacity Act 2005. Although progress was slow in this area it was clear the provider had working plans in place to ensure people's choices were respected and that decisions were made in people's best interest.

Improvements had been made in how people were supported to reduce the possibility of becoming malnourished or dehydrated. Records in people's homes provided staff with guidance on how to encourage people to eat and drink.

People's care records were personalised and reflected their actual needs and preferences. Care plans had been recently reviewed and updated with the involvement of the person receiving care and their family member where possible.

The culture within the service had dramatically improved and staff felt supported by their manager. People, relatives and healthcare professionals all told us the leadership was honest and willing to learn from mistakes made in the past.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Despite significant progress being made, the provider requires improvement to ensure there are sufficient numbers of staff deployed to meet people's needs.

The provider requires improvement to ensure the administration of some medicines is always recorded.

Staff had received training in how to safeguard adults from abuse and any concerns raised were appropriately investigated and reported to the relevant authorities. The provider had conducted appropriate risk assessments which contained useful information for staff to follow when they provided care.

We have changed the rating for this key question from 'inadequate' at the last inspection to 'requires improvement' due to the improvements that had taken place.

Requires Improvement ●

Is the service effective?

The service was not always effective. Despite significant progress being made the provider requires improvement to ensure all staff receive appropriate support, supervision, appraisal and training.

The provider had updated their documentation to ensure any decisions made in people's best interest had been appropriately recorded. Family and people told us they were fully involved in making decisions about their care.

People who required assistance with their meals were supported effectively. Referrals to healthcare professionals were made when required and staff were knowledgeable about how to recognise and report potential skin problems.

We have changed the rating for this key question from 'inadequate' at the last inspection to 'requires improvement' due to the improvements that had taken place.

Requires Improvement ●

Is the service caring?

The service was not always caring. Despite significant progress being made the provider requires improvement to ensure

Requires Improvement ●

communication and responses to people's queries were dealt with in good time.

People were complimentary about the care they received and told us staff were knowledgeable about their needs, their hobbies and interests.

We have changed the rating for this key question from 'inadequate' at the last inspection to 'requires improvement' due to the improvements that had taken place.

Is the service responsive?

The service was not always responsive. Despite significant progress being made the provider requires improvement to ensure people and relatives receive a good response from their initial complaint.

Care plans had been updated to accurately reflected people's individual needs and preferences.

We have changed the rating for this key question from 'inadequate' at the last inspection to 'requires improvement' due to the improvements that had taken place.

Requires Improvement ●

Is the service well-led?

The service was not always well led. Actions had been taken to improve how well led the service was. However the registered location does not have a registered manager and therefore requires improvement.

The culture of the service had significantly improved. People, relatives and healthcare professionals told us the service had progressed since our previous inspection and felt confident people were receiving the care they needed.

The provider had effective systems in place to monitor all aspects of care provision which included documentation, staffing and training.

We have changed the rating for this key question from 'inadequate' at the last inspection to 'requires improvement' due to the improvements that had taken place.

Requires Improvement ●

Carewatch (Hampshire South)

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 checked 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 team consisted of three inspectors.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the manager, the deputy manager, three care coordinators, one field care supervisor, the head of quality, the regional recruiter, the business development manager/customer relations manager and the trainer. We spoke with 10 people on the phone and visited four people in their own home. We also spoke with seven relatives and three healthcare professionals and 10 care workers.

We pathway tracked nine people. This is when we follow a person's experience through the service and get their views on the care they receive. This allows us to gather and evaluate detailed information about the quality of care. We looked at staff duty rosters; incident records; safeguarding records and complaints. We also looked at staff recruitment files; staff induction and training records; quality assurance records, supervision and appraisal records. We looked at safeguarding minutes from the local authority and checked records relating to missed and late care visits.

We last inspected the service on 14, 15 and 16 September 2015 where we found nine breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with two warning notices and told them they must make improvements.

Is the service safe?

Our findings

People, relatives and healthcare professionals told us significant progress had been made since our previous inspection but felt improvements were still required in some areas. A relative said: "Things have got better but on occasions the amount of staff they have available can be an issue". A healthcare professional said: "Much better" and a person said: "I have a risk assessment now and I have not had that for a long time".

At our previous inspection we found the provider had not followed safe recruitment practices. At this inspection we identified progress had been made. However we recognised areas for improvement. For example, four out of the five new staff recruitment files we looked at did not contain a full employment history as required by Schedule 3 of the Health and Social Care Act and one applicant did not have any references in place. A Carewatch declaration for this member of staff stated, 'Declaration by Carewatch that two references were not held but X has been employed by Carewatch since 04/01/16'. For this applicant the passport they had produced as part of their ID had run out in November 2015.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The business development manager/customer relations manager told us they had been working with the recruitment team since the last inspection to review the way they recruited staff. They said: "We are not recruiting as many as we can we are recruiting what we need and are now advertising in that way" and "Advertising for evenings and weekends" and "We have a weekly conference call to talk about recruitment". Coordinators, managers and senior staff acknowledged improvements were still required but felt substantial progress had been made since the last inspection. The provider's regional recruiter told us that in order to ensure suitable staff were recruited; all prospective staff now underwent a pre-screening process to assess their suitability to work in the care field. All recruitment files contained a photograph of the applicant, identification, a pre-screening form and a health declaration, evidence of a formal interview process having taken place and a disclosure and barring service (DBS) check number. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with vulnerable adults. For one overseas applicant there was suitable documentary evidence to show they were eligible to work in the UK. One applicant had a historical offence detailed on their DBS. We were told by the manager that there was now a DBS panel in place that met weekly to analyse any applications identifying concerns and to risk assess the safety of employing the applicant. We were shown documentary evidence that the process had been carried out in respect of this applicant. We were told that this panel worked well in ensuring an extra level of safeguarding for people. The manager told us 30 out of 36 applicants that had been presented to the board had subsequently been employed.

At our previous inspection we found there were insufficient staff, who were not suitably qualified, competent, skilled and experienced, to keep people safe and attend to their needs. At this inspection we found the provider had met the requirements of the warning notice but had not fully met the regulation. A relative said: "Sometimes these calls have been 1.5 hours late. This has meant my relative has missed the transport to her day service". Another person said: "I had a missed call at Christmas – I was told after they

had no staff but I was never contacted on the day. Just left in my pyjamas. However things have got better recently less missed calls as weekends used to be a problem". Records of complaint demonstrated some people still received their care later than they needed it.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The deployment of sufficiently trained staff had substantially improved since our last inspection. 13 out of 14 people told us the number of missed and late calls had reduced significantly in the last six months. Feedback from people using the service included; "Occasionally in the past there would have been some missed calls but this has not happened for some time now". Another person said: "Before it was really really horrendous. There were lots of missed calls and the office didn't know if they (carers) had turned up or not. The manager came out to see me and listened and things have really improved". Another person said: "Yes staff arrive on time and leave on time. No I have had no missed appointments in the last six months".

The head of quality sent us a spread sheet which showed a decrease in the number of hours Carewatch provided from the Chandlers Ford office. For example, when we inspected on the 14 September 2015 the number of hours they provided was recorded at 4,260 hours per week across Hampshire. When we returned to inspect on 22 March 2016 we found the number of hours provided was recorded at 2,977 per week as of 13 March 2016. The manager told us the increase in recruitment and decrease in hours provided had supported the reduction of missed and late calls. A member of staff said: "We know we are still missing some calls and we know we have a way to go but it is so so much better now" and "The work load is more manageable". The manager told us the recruitment of another care coordinator would reduce the possibility of missed visits and would ensure the coordination of care was further improved. A care coordinator said: "There used to be three of us but now it is just me. Two staff left so we are getting someone else in soon hopefully". Documentation showed missed visits were investigated and dealt with appropriately including disciplinary action when required. At the time of our inspection 10 new care workers were being inducted into their role and receiving appropriate training.

At our previous inspection we found the provider was not familiar with who required assistance with their medicines. Medication administration records (MAR) were not in place in people's homes. At this inspection we identified progress had been made, however, improvements were still required to ensure records were always completed correctly. For example, reasons for the administration of paracetamol were not always recorded in people's MAR. People told us staff responded properly when they had questions about their medicines. One person said: "When the pharmacy supplied the wrong medication Carewatch helped and reviewed the medication procedures with my family. Now the family picks up my medication direct from the pharmacist and checks it before they leave the pharmacy". Staff were familiar with who needed support with their medicines and told us MAR were now in place for each person. One member of staff said: "Since the last inspection we now have good systems in place so we know who has help with medication and each person who needs help with their medication now has a MAR chart and a care plan in place"..

At our previous inspection we identified concerns in relation to how the provider safeguarded people from abuse. At this inspection we found the provider had made substantial improvements in respect of staff safeguarding training and the reporting of possible abuse. The manager told us all staff had now received learning in safeguarding which included face to face training and a requirement to complete a workbook. A training schedule showed there was a process in place to record when practical training had been carried out and how workbooks were being monitored. The training schedule confirmed all staff had either fully completed safeguarding training or had completed the practical element and were still completing workbooks. Out of 153 named staff on the training record, the schedule showed 125 staff had fully

completed safeguarding training and 28 workbooks were awaiting return. Staff were confident any concerns they raised would be taken seriously by their manager and reported appropriately. Investigations conducted by the manager demonstrated concerns about possible abuse were fully investigated, reported to the local authority and to CQC. Staff were knowledgeable about who to contact should they need to raise any concerns about the possibility of abuse. Staff were familiar with the providers whistleblowing policy and procedure. Whistleblowing is the term used when someone who works for an employer raises a concern about malpractice, risk (for example about people's safety), wrongdoing or possible illegality, which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public. Staff said they were no longer frightened to raise concerns with senior management.

At our previous inspection we identified risk assessments were not robust and did not always contain accurate information. At this inspection we found the provider had made improvements in the assessment and recording of risk. In all the care records we tracked we saw that risk assessments had been carried out. Documentation stated where there was a medium or high risk identified, a risk management plan was in place. When we visited people in their own homes we saw copies of the risk assessments were in their care folders and had been signed and dated by the person or their representative. Everyone we spoke with told us they had been fully involved in the reviewing of their risk assessments. One person we visited had their shopping carried out by care staff. There was clear guidance in place for staff to follow. The person said: "The staff are very good, I give them a list of the shopping I need and they bring back the change and all of the receipts and then fill in the forms". Other risk assessments viewed contained information about the appropriate moving and handling techniques to be applied when assisting someone to reposition. A care coordinator said: "We are in the process of reviewing everyone's risk assessments, I think I have done about 35" and "We are all going through them together".

Is the service effective?

Our findings

People, relatives, healthcare professionals and staff told us significant improvements had been made since our previous inspection but said some improvement was still required. A member of staff said: "I have not had supervision yet because we have been focusing on so many other things but I do feel supported". A healthcare professional said: "Staff have been in touch with me to ask questions and I have visited people". A relative said: "Staff seem to have settled a bit and appear to know what they are doing".

At our previous inspection we identified staff had not received an effective induction into their role and had not received effective supervision and appraisal. At this inspection we found the provider had met the requirements of the warning notice but had not fully met the regulation. Three out of 18 members of staff told us they had not had a formal supervision in the last year. A member of staff told us they had not undertaken any form of training since joining Carewatch in November apart from "One day's induction and safeguarding training".

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A member of staff told us their supervision had been scheduled but was changed because "Something keeps coming up". They said: "I feel so much more supported now it's unreal and if I have any worries I can always go and ask my manager" and "It's been a really hard six months, your last inspection resulted in a lot of changes and it's taking time. My supervision will happen I'm sure but there are other more important things to deal with. We have a good support network here in the office". Staff consistently told us they felt supported by their manager and said they would not hesitate to ask for additional support or training if they felt it was needed. The provider's induction process for new staff ensured they were assessed by management prior to being authorised to work alone and provide care. Records showed new staff who had received their training were required to take part in a series of shadowing shifts and competency checks by senior staff. They were also required to take part in an additional days training in learning about dementia followed by a final supervision with their manager. The manager told us the supervision was an opportunity to check the member of staff was competent to deliver care and to check they had completed their training work book. The manager told us supervisions had taken place in a variety of formats since the last inspection including formal supervisions, appraisals and team meetings. A care coordinator told us they had organised a team meeting at the office one evening and said: "We done it in the evening so the carers could come to the office if they wanted to speak about anything. It's a shame because only a few turned up but I think it's good to give them a chance to come and talk to us". A care worker said: "I had an appraisal recently; things have got better since you (CQC) last came in". Another member of staff said: "I have had supervision and I've been booked for training recently".

Our previous inspection identified the provider did not follow the requirements of the Mental Capacity Act 2005 (MCA). At this inspection we found the provider had made progress. New documentation had been introduced to ensure decisions in people's best interests had been properly assessed. The deputy manager showed us a file which contained a number of assessments that had been carried out since our last

inspection. Although progress was slow in this area it was clear to see the provider was in the process of reviewing people's capacity to consent to receive specific aspect of care and support. People consistently told us they were involved in making decisions about their care and records showed most staff had either received training in the use of the Mental Capacity Act 2005 or were scheduled to commence their training.

At our previous inspection we identified people were not always supported with their nutritional needs. At this inspection we found improvements had been made. People told us care plans were in place to prompt staff to "Make me a sandwich" or "A hot meal". One person said: "Because the missed calls have come down I get something proper to eat now". Another person told us staff were required to record the food they prepared for them. They said: "They write in the book what I have had to eat and drink before they leave me". Records showed staff made appropriate referrals to healthcare professionals when they had concerns about people's weight or skin integrity. A healthcare professional told us they had been contacted several times to check possible skin damage. Guidance around skin care and how to recognise possible breakdown had been cascaded in paper form with staff rotas to remind care workers to report concerns accordingly. A member of staff said: "Yes we had a piece of paper which told us a bit about skin problems, what to look for and who to contact, I know what to do but I think it's a good reminder for the newer staff".

Is the service caring?

Our findings

People, relatives, healthcare professionals and staff told us progress had been made since our previous inspection but said some improvement was still required. One person said: "You can't always speak to someone at the office" A relative said: "The office doesn't always get back to you".

At our previous inspection we identified poor communication from staff who worked in the office. Although some people told us this had improved the majority of people and their relatives said they still experienced problems. Comments included, "Not always got a good response from the office", "Sometimes they ring back sometimes they do not", "The office staff do not always respond if you call them. They do not get back to you with an answer. I have to do all the chasing. The administration is not good" and "When you ring the office with a query they never know the answer and say they will call back but do not". Staff working in the office told us they were not always available to take calls due to being out providing care. One member of staff said: "If I am out and someone wants to ask about a call if the other coordinators can't answer then they are left waiting till I get back and by then it's too late" and "We get on well with the staff down stairs who take the initial call from people but I do think we could work together a bit better. There are questions they could probably answer without asking people to just leave a message".

At our previous inspection we found some staff did not hold the required values to work with vulnerable people. Staff were often reported as being rude, unprofessional and disrespectful towards people and their families. At this inspection we found significant improvements had been made. Several workers told us many unsuitable staff were no longer employed with Carewatch and said they had either left the organisation or were asked to leave. One member of staff said: "We had some people working in the office and some providing care who should never have been employed". Comments from people included, "The carers I get are lovely and they are always kind and caring. Some go above and beyond what they need to do and are very helpful", "My carers are now brilliant and are normally very kind", "The carers I have are absolutely wonderful, I am hoping to move home but want to stay around here so that I can keep the same carers" and "The carers are fantastic always take their time and speak to me and are always polite. The carers help me with personal care and getting dressed and they treat me with dignity". Another person said: "The carers help me with personal care. They always treat me with dignity and respect. They tell me what they are going to do and what I can help them with" and "I couldn't wish for better carers, I will be moving soon and I want to keep the same carers. They help with personal care dressing, toileting, lunch and tea. They are always helpful"

Staff were familiar with the people they supported and were able to tell us about the care they needed. Records in people's homes contained useful information about people's likes, dislikes and preferences. For example, one care plan detailed the persons previous work history, their family set up and food preferences whilst another care record supplied staff with useful information about someone's hobbies and past activities they took part in as a younger and more active person. One member of staff said: "(Person) used to be in the army and he travelled a lot when he was younger. His family are pretty involved and we have a good relationship with them. His favourite thing to talk about is the war and the different places he was posted to when in the army".

Is the service responsive?

Our findings

People, relatives, healthcare professionals and staff told us progress had been made since our previous inspection but said some improvements were still required. One relative said: "I have made a complaint and it has been dealt with" Another relative said: "I made a complaint over the phone once and I had to keep complaining until I got a hold of the manager and now it's been dealt with". A person said: "I have a care plan in my house now" and "Staff look at it and follow it".

At our previous inspection we identified a large number of complaints had not been fully investigated and in some cases had not been taken seriously. At this inspection we found significant progress had been made. However since our last inspection one person told us they had to speak with several members of staff before their concerns were acted upon. They said: "It was frustrating because they were telling me they were sorry but it wasn't until I kept pushing I got what I wanted". The manager kept a record of each individual complaint and had documented the actions they had taken to investigate the concerns. Complaints over the last six months related to missed care visits, inappropriate staffing and poor communication from the office. The manager told us December and January was particularly difficult due to the high number of annual leave requests that had been approved by previous management. The manager said: "Some of the staff were fantastic in helping to cover some calls" and "We spoke with relatives to explain the situation and they were pretty understanding and helpful". The manager said: "Unfortunately we were not able to cover all the calls" and "Sadly in one case a care worker just didn't come into work". The investigation into the absence of this particular member of staff found they failed to attend any of their care calls on one particular day and did not inform the care coordinators of their absence. The investigation conducted by Carewatch showed appropriate action had been taken after a full investigation into the missed calls were conducted. We noted some complaints were in the process of being investigated during our inspection.

At our previous inspection we identified care plans were not always accurate and in some cases were not provided in people's homes. At this inspection we found improvements had been made. Copies of care plans and risk assessments were accurate and kept in people's homes. One person we visited had a detailed plan of how they wished their care to be provided at each visit. The person said that carers were very good at adhering to the plan and carrying out care in the manner that suited their needs and wishes. One person said, "The supervisor comes out and reviews the care plans and risks with me. I am quite happy" and "The carers are really good I am happy with the care and support they give me. They know what care I need and if my care plan changes they accommodate those changes well. They help with dressing and mealtime's every day. My care plans are reviewed every six months and I am involved in this with the supervisor and "Changes are noted and care is changed to accommodate". Another person said: "Staff always read the care plan to see if it has changed and if they have to do anything differently.

Assessments were conducted in respect of each person's care, medication, risks, allergies, mobility needs and social and emotional wellbeing. Regular reviews had been undertaken and telephone monitoring forms were in place for all of the files we tracked. Comments from phone call monitoring records included, "(Staff) came to do my review and check my folder", "Quality of care is excellent" and "Fully respects my wishes". One person said: "Things have improved greatly, previously I didn't have a proper care plan or risk

assessment in place and staff did not record my creams on a MAR chart. It is all there now in the care file and staff fill in the care logs at every visit". Another person said: "They help me each morning to get up and washed and dressed in my clothes. In the evening they give me a wash and get me in my pyjamas ready for bed. I have no concerns regarding this" and "I was involved in my care plans and risk assessments. I am happy with my care plans".

Is the service well-led?

Our findings

People, relatives, healthcare professionals and staff told us significant improvements had been made since our previous inspection. A member of staff said: "The manager has been brilliant since he has come in" and "Very calm under pressure and has an open door policy". Another member of staff said: "The bullying has gone now from the office and the atmosphere is so much better". A relative said: "We seem to be in a better place since the new manager started".

Prior to this inspection the manager had submitted an application to become the 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. After our inspection we were notified the manager had withdrawn their application to apply to become the registered manager. We received notification from the provider that they were in the process of recruiting a different manager to apply to become the registered manager.

At our previous inspection we found the absence of effective quality monitoring had a significant impact on the health, safety and welfare of people. Systems and processes to mitigate risk and drive improvement were not always applied, evaluated and acted upon. At this inspection we found the provider had made significant improvements and had met the requirements of the warning notice. The deputy manager and the manager carried out frequent phone calls to gain feedback about the quality of care people received. The responses were documented and actions were implemented to drive improvement. These included the change of care times for one person, a different member of staff for another person and the review of one person's care package. The manager showed us computerised records which displayed details of all staff who required training, supervision and appraisal whilst coordinator staff were able to tell us which people had received a care review. The manager and the coordinators were able to tell us how many hours of care their individual teams were responsible for providing and said they were aware of the need for additional staff. One member of staff told us the introduction of guaranteed hours for some care workers and the consistent use of some agency care workers had supported improvement and moral within the team.

At our previous inspection we identified inadequate leadership and found senior management were not always open and transparent. There was a culture of bullying, unprofessionalism and a chaotic atmosphere within the office. At this inspection we found significant improvements had been made. Staff consistently told us the culture had improved and said the manager was approachable, understanding, supportive, provided clear direction and demonstrated good values. Comments from staff included: "(manager) has been absolutely brilliant; (manager) has come in and stuck by us. He has dealt with all the problems over the last six months and has always been there for us". Another member of staff said: "(manager) is pretty cool, I like him he seems to be honest and he has called me a few times to ask how things are going, that's never happened before". Relatives consistently told us the manager was honest and displayed kindness. One relative said: "To be fair to the manager, he did come out and meet me face to face when I complained and since then things seem to have got better" and "I know things aren't going to change overnight but there are signs of improvement which is positive". One person said: "The manager came to see us to follow up on our

complaint, he then phoned us up last week to see how things are going"

Staff consistently told us the environment and culture within the office had dramatically improved. One member of staff said: "It is much calmer now, the swearing has gone, the arguing between staff has gone and we get along much better". Staff in the office were more relaxed and the environment was less chaotic and disorganised. One member of staff told us care workers were previously bullied by ex-members of staff to work additional hours. They said: "They don't get that anymore, don't get me wrong we ask them if they want overtime but we don't threaten them and tell them they have to". Care workers confirmed they were not forced or threatened when asked to work additional hours. Feedback from healthcare professionals about the management was positive with comments including: "I think he is pulling it in the right direction" and "I think he has led the changes needed pretty well under what must have been a lot of pressure given the awful state the service was in when CQC last inspected".

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have robust arrangements in place to check staff were of good character or that they had suitable qualifications, competence, skills and experience necessary to care for people effectively.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not have a sufficient number of qualified, competent, skilled and experienced staff deployed. Staff did not receive appropriate support, training, professional development, supervision and appraisal.</p>