

Apex Prime Care Ltd

Apex Prime Care - Reading

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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 23 July 2018 and was announced. We gave the provider prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

Apex Prime Care – Reading is a domiciliary care agency that provides personal care to people in their own homes. It provides a service to people who have dementia, learning disabilities or autistic spectrum disorder, mental health, physical disability, sensory impairment, as well as older people.

The Care Quality Commission (CQC) only inspects the service being received by people provided with the regulated activity 'personal care'; help with tasks related to personal hygiene and eating. Not everyone using the service receives the regulated activity. Where they do we also take into account any wider social care provided. At the time of our inspection the service was providing personal care to 60 people.

The service had a registered manager in place. 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. The registered manager assisted us during the inspection. This was the first inspection of this service.

The provider had recruitment procedures that they followed before new staff were employed to work with people. They checked to ensure staff were of good character and suitable for their role. However, they did not gather all the necessary information for recruitment of staff according to regulation. They did not seek all the missing information after the inspection. They provided us with a plan of improvement gathering information for future applicants after the inspection.

Staff training records indicated which training was considered mandatory. The registered manager and senior staff had planned and booked training when necessary to ensure all staff had the appropriate knowledge to support people. However, not all staff agreed training was sufficient and informative to ensure people were supported in the right way. Staff did not always have ongoing support via supervisions. Some of the staff did not always feel supported by the management team that could help maintain a better team work. We made a recommendation about the current best practice guidance for ongoing training, monitoring and continuous support for social care staff.

The registered manager had quality assurance systems put in place to monitor the running of the service and the quality of the service being delivered. The registered manager could identify some issues and improvements necessary and they took actions to address these. However, they did not always ensure all tasks were completed as part of the management of the service such as robust recruitment process and submitting notifications on time. The quality assurance system did not always provide an accurate overview of the service.

The registered manager praised the staff team for their hard work and appreciated their contribution to ensure people received the best care and support. However, some staff felt sometimes the registered manager and senior could be more supportive and approachable. They felt communication was not always good, but the staff members worked together and supported each other, which benefited the people. Some of the staff felt there was a lack of team meetings and updates sent to them which could contribute to building a better team.

Occasionally the service had to use agency staff to cover absences. We received feedback about the agency staff, their support and timings from people and relatives that could be improved. All the information was passed to the registered manager and they addressed it with the manager of the agency. However, people and relatives were complimentary of the regular staff and the support and care they provided.

People felt safe while supported by the staff. Relatives agreed the staff supported their family members appropriately and made them feel reassured. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

People were supported by sufficient numbers of staff to meet their individual needs. Where possible, the management team scheduled visits so the same staff went to see people to maintain continuity of care and support. People were informed about the changes to their visits as necessary.

People were treated with respect, and staff promoted their privacy and dignity. People and relatives felt the staff supported them in the way they wanted. Staff were responsive to the needs of the people and enabled them to improve and maintain their independence with personal care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received support that was individualised to their specific needs and were kept under review and amended as changes occurred. People's rights to make their own decisions, where possible, were protected and respected. Staff were aware of their responsibilities to ensure people's rights were promoted.

The staff monitored people's health and wellbeing and took appropriate action as required to address concerns. People and relatives felt confident they would be looked after well. The service assessed risks to people's personal safety, as well as staff, and plans were in place to minimise those risks. We discussed with the registered manager certain risk assessments such as moving and handling to ensure they were person specific keeping people safe. There were safe medicines administration systems in place which ensured that people received their medicines when required.

Further information is in the detailed findings below.

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. The provider did not gather necessary recruitment information to employ fit and appropriate staff.

Staff knew the correct procedures to follow if they thought someone was being abused.

People felt safe and would report any concerns to staff or the management.

There were sufficient numbers of staff to keep people safe and meet their needs at the right time.

Medicines management was in line with the provider's procedures.

Requires Improvement ●

Is the service effective?

The service was effective. We received mixed feedback regarding the length and quality of training and support to staff.

Staff communicated with professionals and relatives to make sure people's health was monitored and any issues responded to appropriately.

People were supported to eat and drink appropriately to maintain their health.

Staff and management acted within the requirements of the Mental Capacity Act 2005. People were protected and supported appropriately when they needed help with making decisions.

Requires Improvement ●

Is the service caring?

The staff were caring. People were treated with kindness and respect.

People and relatives were very happy with the staff and the support they provided.

Staff ensured people's diverse physical and emotional needs

Good ●

were met in a caring way.

People's privacy and dignity was respected. People were encouraged and supported to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive. Staff supported people with their needs and wishes. Visits were carried out at the time specified in the care plan.

Staff were knowledgeable about people's daily needs and how to provide support.

Support plans recorded people's likes, dislikes and preferences.

People and relatives knew how to make a complaint, or share concerns with staff, if they wanted to.

Is the service well-led?

Requires Improvement ●

The service was not always well-led. The registered manager had systems to monitor the quality of the service and make improvements. However, it was not used effectively to ensure required information was in place. The registered manager did not always have an accurate overview of the quality of the whole service.

Staff were working to ensure people were comfortable. However, some felt communication within the team and support from the seniors could be improved.

The provider took actions to address issues so they would not have a negative effect on people's lives and the service. However, some staff felt there was a lack of openness and transparency within the team.

Apex Prime Care - Reading

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.

This inspection took place on 23 July 2018. It was carried out by one inspector and was announced. We gave the provider prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. An expert by experience made telephone calls to interview people and/or their relatives. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Prior to the inspection we looked at the information we had collected about the service. This included information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We also contacted six community professionals for feedback and received feedback from one professional.

During the inspection we spoke with 13 people who use the service and three relatives. We spoke with the registered manager and received feedback from seven staff. We looked at records relating to the management of the service including six people's care plans and associated records. We reviewed five recruitment records, staff training records, quality assurance records, incidents and accidents, the compliments/complaints and policies relating to running of the service.

Is the service safe?

Our findings

The registered manager had recruitment procedures in place to ensure suitable staff were employed. Staff files included most of the recruitment information required by the regulations. This included a health check and a Disclosure and Barring Service (DBS) check. A DBS confirms candidates do not have a criminal conviction that prevents them from working with vulnerable adults. Additionally, interviews were designed to establish if candidates had the appropriate attitude and values. We found some discrepancies with employment history, gathering evidence of conduct and reasons for leaving when staff previously worked in health or social care in five files. We noted this to the registered manager and listed all discrepancies to them so they could rectify it. However, we only received further information regarding employment history. In regard to evidence of conduct and verification of reason for leaving, the provider informed us they had started emailing and calling previous employers to obtain this information for the new potential applicants. This meant until our inspection, provider's recruitment practices indicated people were at risk of having staff providing their care who may not be suitable to do so.

People felt safe in their homes and trusted the staff who supported them. Relatives agreed they felt their family member was safe with the staff supporting them. People and relatives knew whom to call if they felt unsafe and speak with staff if they were worried. They said, "I feel very safe with my carers. I feel that I know them well", "I am happy with them all and feel safe with them", "On the whole we feel safe with the care for my [family member] with the regular [staff]. [We] are around most of the time" and "We have had the carers for my [family member] and felt very safe with them around us. We felt very lucky to have them." A few people and relatives mentioned they were not very happy with the staff from the agency that the service used to cover absences. This was noted to the registered manager. They informed us they stopped using the agency staff.

Staff undertook safeguarding awareness training to understand their responsibilities in keeping people safe. Staff had a good understanding of when to report concerns, accidents and/or incidents to the registered manager. The provider had a whistleblowing policy to ensure staff were aware of how to raise concerns and staff confirmed this. The registered manager explained to us their responsibilities regarding safeguarding people who use the service and reporting concerns to external professionals accordingly, such as submitting notifications to Care Quality Commission.

People's support plans had detailed guidelines to ensure staff could support them appropriately to achieve their wishes and goals such as to remain as independent as possible in their own home. The plans also included information about personal care, emotional support and consent without restricting people. Information in support plans and risk assessments was kept under review most of the time and staff reported any changes to the management. We noted to the registered manager that there was no information on how to test the temperature of the water to ensure it was safe before a bath or a shower. We advised the registered manager to ensure staff used appropriate devices such as waterproof thermometers to prevent people from injuries such as scalding.

As part of the support plan, the service carried out a health and safety assessment of the environment to

ensure the person, their family and staff were safe while carrying on the regulated activity. The service assessed the risks to people's personal safety and put plans in place to minimise these risks. However, risk management plans were not always detailed to ensure staff had guidance to mitigate risks. For example, people's care records identified which equipment should be used when moving them and supporting with transfers. However, it did not always give person- specific guidance on how staff should do this safely at all times. People had separate health risk assessments listing their health conditions. But it did not include guidance of how to support the person to maintain their health. Another assessment was introduced, called 'client condition risk assessment'. This assessment provided specific information on a person's condition such as asthma or arthritis and how best to support them to manage it. We discussed the risk assessments, prevention measures and support plans with the registered manager who agreed with our feedback regarding their files. We also discussed the amount of different forms used in the files with similar information about the person. The registered manager said they would review the information and the way it was presented to ensure relevant and important guidance was easy to find so that people continued to receive safe and effective support.

The registered manager and senior staff worked together to cover the visits for people. They determined the number of staff required according to the needs of the people using the service. They used an online system for a rota, looking at staff availability and people's needs and matching it together. The registered manager also considered geographical staff allocation trying to keep them where they and people lived to avoid long travelling time. This way the service could also ensure there was continuity in meeting people's needs and staff did not have to rush. It helped build stronger relationships between people and staff. The staff felt they had time to visit and support people. They felt the staff team worked well together which had a positive impact on people's care and support.

In the last 12 months the registered manager said they had a "couple of missed calls". They explained this was usually due to not staff reading the rota correctly. The registered manager spoke to staff about it and apologised to people for it. They said they would try to call people and relatives as soon as possible if the visits would be late. There was also an on-call person available for out of hours help so people, relatives or staff could phone when needed.

People and relatives said staff took time to support and care for them appropriately, and staff stayed the right amount of time to support them. If the staff were late to visit a person or different staff had to cover it, then people and relatives were informed most of the time. They said, "The carers usually arrive on time and I do not feel rushed", "If they are going to be late, the office will let us know", "They arrive on time and stay for the right time" and "As far as they can my carers come on time and stay for the correct time. Once or twice they have been late and they have let me know". Where people and relatives had some issues with visits and agency staff time keeping, we passed this feedback to the registered manager.

Staff adhered to the medicine policy and procedure to manage and administer people's medicines safely. Staff did not administer medicines to people unless they were trained to do so. Staff helped people organise their medicine and prompted them to take it according to the support plan. The registered manager explained if there were errors found, they would take action to support people and investigate the matter. If necessary, the registered manager would book staff to attend medicine management training. The senior staff audited medicine record sheets for any errors and they recorded actions taken if errors were found. We reviewed medicine record sheets for three people and we found some gaps in two. We looked at the audits again and not all gaps were picked up. We told this to the registered manager. They said they were working on this with staff and to ensure any themes were identified. The registered manager said they would ensure all actions completed were signed off by one of the management team.

There was a system for recording accidents and incidents. The registered manager explained how they would address these and support people as required. They would also discuss this with the team and if things could have been done differently. Staff understood their role and responsibility to observe, monitor and report any issues to the senior staff so it can be addressed. We saw the registered manager and staff identified issues or concerns and took adequate action to address those. The service had continuity plans to ensure the staff team could continue working in the event of an emergency. There was information for staff about who to contact should they need help and advice and staff confirmed this.

Staff were provided with and used personal protective equipment (PPE) to prevent the spread of infection. People and relatives confirmed this and said this was happening while the staff supported them. Some people told us not all staff were using PPE, and this referred to agency staff. We passed this to the registered manager and they addressed it with the agency manager.

Is the service effective?

Our findings

People spoke positively about staff and told us they were skilled and able to meet their needs. Care was delivered in a way that allowed the people to feel supported and reassured most of the time. We received compliments from people and relatives about the support they valued most. They said, "[Staff] are consistent", "They are excellent. They know what I want", "My regular carers are consistent with their care. They know how to help me" and "My more regular carers in the evenings and daytime seem to know how to [support me]". A few people and relatives commented that this was not the case when the service used agency staff occasionally. We passed the feedback regarding agency staff to the registered manager who reported back to the manager of the agency.

We reviewed the latest training information provided to us which recorded the service's mandatory training. Where training was out of date, the registered manager booked the staff to complete the refresher training. The registered manager monitored the attendance of the team to ensure they were all up to date. We received a mixed feedback that a more in-depth sessions or training would help some staff with their skills and knowledge. Sometimes the refresher training felt "rushed" and training such as catheter care and to support people with it would be useful to staff. Other staff felt they received enough training to help them carry out their roles effectively and could ask for it if needed. Not all staff felt they had an opportunity and were encouraged to study for additional qualifications.

When new staff started they had an induction and a period of shadowing experienced staff before working on their own. The registered manager said staff completed the Care Certificate as part of their role but we received feedback this was not always the case. The certificate consists of 15 standards that new health and social care workers need to complete during their induction period.

People were supported by staff who did not always have regular supervisions (one to one meetings) with their line manager. Some staff felt they could not always speak to the registered manager or senior staff about various topics or ask for advice. Others said they could contact the office staff if they needed anything. Although the registered manager said they kept in touch with staff, some felt communication within the team could be improved.

We recommend the provider refers to the current best practice guidance for ongoing training, monitoring and continuous support for social care staff.

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 and relatives agreed staff respected people's wishes. Their consent and choice was asked before proceeding with support. People said, "They ask before they do anything" and "I have the same carer...", so

she knows how I like things to be done and I know her very well". One relative commented, "My [family member] would like to make choices but at present we feel that some of the carers just get on with the task and do not ask her". We passed this to the registered manager.

Staff knew it was important to communicate with the person and ensure they always had a choice and the right to make decisions about their care and support. They said, "Always communicate with the client before carrying out a task especially if it something new that you don't usually do for them", "We inform the person of what we are doing, especially if they have dementia, we always talk to them", "Yes I always ask what they want us doing and I always offer choices" and "We always speak to them, ask for consent, offer choices and help make decisions".

The registered manager demonstrated a good understanding of mental capacity considerations and assuming capacity to ensure people could make their own decisions. It was evident people were involved in their care and support. However, we noted to the registered manager some consent forms were signed by the family members and it was not clear if they had a legal right to do that. We discussed this with the registered manager. They agreed this had to be changed to evidence people's consent was sought and recorded in line with the MCA legal framework.

Staff made sure people's health and care needs were met in a consistent way. They communicated with each other and the office staff reporting any changes or issues. If needed, health or social care professionals were involved. Each person had individual needs assessments that identified their health and care needs. The service communicated with GPs, local authority, community nurses, occupational therapist and families for guidance and support. We saw in the records the staff team were prompt to pick up any issues or concerns so they could prevent health and wellbeing deterioration. People were checked to make sure they were supported effectively and changes were identified quickly.

Some people needed support with eating and drinking as part of their care package. The level of support each person needed was identified in their support plan. For example, if someone needed help with preparing their meal or encouragement with drinking and having a balanced diet, there was guidance available for staff. People and relatives said staff helped them with preparing meals following their wishes that were documented in the plan.

Is the service caring?

Our findings

People felt they were treated with compassion and kindness by the staff team. People and relatives praised staff's effort and care when supporting people. They delivered care and support that was caring and person-centred which had a positive effect on people. People said, "The carers are nice people and friendly", "My regular carers are brilliant", "My [regular staff] are friendly and caring. We can have a laugh and a chat together" and "I feel that I am very lucky with the carers that I have. They are friendly and good souls".

People and relatives agreed staff respected their dignity and privacy at all times. They agreed making people feel comfortable was very important and there were no issues. They told us they were very happy with the care they received. People and relatives felt the staff showed kindness and compassion while supporting and caring for them. People said, "The [regular staff] are very kind. They know how to help with washing me and are respectful, keeping my privacy with towels as much as they can", "When they help to shower me they keep me as private as possible with towels" and "When she showers me, she uses towels to keep my dignity".

At times people had to be supported by the agency staff covering absences. People and relatives said they were not always respectful and "most just seem to be doing the task". We passed this feedback to the registered manager who contacted the agency with issues raised. They ensured the registered manager this would not happen again and staff would follow the visit schedule given providing support appropriately. However, the registered manager decided not to use the agency because they did not want to risk people being treated disrespectfully.

People and staff knew each other well and had well established relationships. The staff team checked people were happy with their support and listened to any issues or questions then passed them on to the senior staff. They understood well how to make sure people were comfortable and relaxed in their own homes and able to share any concerns. They said, "No matter what, we always greet them and be professional; they are all individuals, they want to be treated their own way and we give good care" and "We respect their wishes and choices, not making them feel vulnerable; talking along, making them feel comfortable and build relationships over time". People and relatives said the staff had time to care and chat to them alongside the support provided. The registered manager was complimentary of the staff's conduct towards people and helping each other.

Staff knew people's individual communication skills, abilities and preferences. People's records included detailed information about their personal circumstances and how they wished to be supported. People felt well-supported by staff and said, "They are friendly to me", "They help me to be as independent as I can and are respectful" and "My carers are friendly and caring". Staff ensured people were fully involved with their care promoting independence whenever possible. They enabled people to express their views ensuring they received the care they needed and wanted. Staff understood people's independence was an important aspect of their lives, for example, taking part in their personal care or helping with some activities. Staff were there to help if someone needed assistance. They said, "To promote their independence I encourage them to wash as much of themselves as they can, help with dressing if needed, encourage them to help in the

kitchen but alongside them and not taking over. It is important that they feel they are still in control". Other staff also added, "I try to encourage them to wash, dress, eat and do things for themselves as much as possible. It is not right to take away things from them", "I know it is a little thing but I encourage people for example to walk a little bit" and "I support them to do things unless they ask me as they may struggle".

Staff were able to give examples of how dignity and privacy was respected. They said, "When undressing, make sure the doors are closed, make sure they are covered during personal care and ensure nobody comes in and sees them" and "Knock on the door, greet them and during personal care, cover them up and ask family to leave". Staff understood the importance of treating people respectfully and said, "They may now need help with personal care but their privacy and dignity is important to them so I would ask if they would like me to remain in the bathroom or wait outside the door" and "I make sure they are not embarrassed during personal care and cover the client; I treat people how I would like to be treated". People's care was not rushed enabling staff to spend quality time with them. People felt staff took their time to complete all the tasks and provide support that was needed.

Any private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the office. Staff were aware of confidential information sharing and discussed it only with relevant people such as professionals or family with people's permission.

Is the service responsive?

Our findings

People received the care and support they needed at the time specified in the care plan. People were informed when the visits were late or changes had to be made regarding staff attending the visit. When staff visited, they would make sure people were comfortable and happy before they left. People received care and support that was responsive to their needs because staff had a good knowledge of this.

People's support was individualised to their personal preferences, needs and cultural identities. Each person had an individual support plan which included practical information on maintaining the person's health and wellbeing, emotional support, and their daily routines. Staff used support plans as an important source of information to make sure the support they provided was personalised to each individual. The support plans were reviewed and up to date to ensure they accurately reflected people's current care needs. People and relatives felt staff were polite and supportive. The care and support provided at each visit was recorded. There was information about people's physical health, emotional wellbeing and support provided. This also helped staff monitor people's health and wellbeing, responding to any changes and enabling staff to make timely referrals to appropriate professionals. People and relatives said there was usually good communication between them and the service.

We looked at whether the service was compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Records indicated whether people had disabilities or sensory impairments. There was guidance in communicating with people in a manner they could understand, for example, when they speak to the person to speak slowly and clearly. There was also a form introduced to capture information according to the standard. The registered manager said they would review people's communication needs to ensure the information was highlighted and in line with the guidance. This would confirm all information presented was in a format people would be able to receive and understand.

The registered manager and senior staff recorded complaints, concerns and action taken. We noted to the registered manager the outcomes were not always clear but they were able to explain what was done. The registered manager explained how they addressed complaints and concerns and would use it as an opportunity to improve the service. They said they encouraged people, their relatives and staff to always share any issues or concerns so these could be addressed in a timely manner to avoid further negative impact. Some relatives and people felt they could be informed better of the outcome of the complaint or issue raised. Other people and relatives felt they would contact the office staff or the registered manager should they needed to complain. People and relatives said, "I did make a complaint and the office have sorted it out and I am just waiting to see how the new people are" and "I rang the office to complain about the agency staff this weekend. The office has said that they will look into it. But have not told me what they will do". Staff knew how to help people with complaints if needed and report concerns or issues to the registered manager to be addressed.

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place and there was one. The registered manager's responsibility is to submit notifications informing CQC about events at the service such as allegation of abuse. We use this information to monitor the service and ensure they responded appropriately to keep people safe. After the inspection, we received information there was an allegation of abuse. However, the registered manager had not notified CQC about this significant event.

People were complimentary about the care and support and felt their care during visits was managed well. The service aimed to provide people with person centred support and care, and maintain high quality service. Where people and relatives raised issues with us including agency staff support, we passed all the feedback to the registered manager. They took our feedback on board and provided us with information about how they were addressing these issues.

The registered manager had a quality assurance system in place to assess and monitor the service delivered. The registered manager and senior staff also completed audits of the files. For example, daily log sheets, medicine records, and files. They sought feedback from people and their relatives to help them monitor the quality of service provided and pick up any issues or prevent incidents. People's experience of care was monitored through daily visits, care reviews and contact with people and their relatives. When they identified any issues, they took action to make improvements and this was recorded. The feedback was discussed with staff and how to ensure people had the best outcomes but not all the time. Some staff felt information about the service could be shared better as it would be helpful to know what was going on.

As part of the quality assurance, the registered manager introduced a folder called 'CQC Evidence folder' including guidance to meet the regulations called key lines of enquiry (KLOEs). They followed the KLOEs as a guidance and support to their role as the registered manager and check if the service provided good care to people. They also cross referenced it with regulations and provider's policies. However, the registered manager did not use their quality assurance systems to promptly identify shortfalls in the service. For example, they did not ensure correct recruitment procedure was in place and used to confirm staff employed were suitable for their role. Although people and relatives were complimentary of their regular staff, the registered manager did not always review the effectiveness of the training. They did not ensure the training provided enough knowledge and skills for all the staff working at the service.

The registered manager and senior staff carried out some staff performance checks. We looked at timetable for spot checks and supervisions, and there were a number of check still to be carried out. Where issues were identified, such as not wearing company's badge or not reading a care plan, it was not always clear what action was taken to address it. We noted this to the registered manager. They said they were going through the paperwork and encouraging staff to evidence actions taken appropriately. Some staff confirmed they have not had a spot check and supervision for a long time. We spoke with the registered manager regarding the audits not always clearly indicating the actions that were completed and signed off. They told us they were going through the information ensuring the actions were being captured and updated. There was

another audit carried out by the provider earlier in July 2018 and the issues we identified were not picked up in the audit.

We recommend the registered manager seeks advice from a reputable source to ensure they fully and effectively use their quality assurance system including having clear records to evidence the work carried out.

The provider carried out surveys of people who use the service and relatives in the last 12 months. We looked at the analysis of the survey and the responses were mostly positive. Where people or relatives raised some issues, the registered manager and senior staff looked into these further and took action to rectify the issues.

Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other information related to the service. They felt it would be beneficial to the team to have more of the meetings and get together. Some staff felt working together with the management team and communication between them could be improved. However, staff had clearly defined roles and understood their responsibilities to care for the people who use the service. They understood their duty of care and their responsibility to alert the senior staff if they identified any concerns in the quality of care provided.

Although some staff felt the service was running well, more openness, transparency and support were needed from the management team. Not all staff felt there were opportunities to discuss issues or ask for advice. Only a few staff felt they were supported and listened to by some senior staff when they approached them.

The service worked with health and social care professionals to achieve the best care for people they supported. Professionals commented the management could improve the way they addressed concerns raised with the service. They felt the management "did not appear to take concerns raised seriously". The professionals agreed there were no concerns with the service at this time and they kept in contact.

The registered manager felt they encouraged a positive culture and wanted to ensure staff and people knew the management was available, approachable and supportive. People and relatives felt management team were available most of the time. The feedback was mixed and they said, "I think there is a new manager", "The manager has come out once", "The office should be able to sort [cover for visits] in more advance". They also added, "I would like to meet the manager. They are just voices on the telephone to me", "They did give me one roster so that I knew which carers would be coming. But it ran out last Thursday and they have not sent me an up to date one, which I do not think is very helpful" and "I have not needed to complain and have no problems with the office". The staff team spoke with motivation to support and care for people well. They wanted to ensure people, and what was important to them, were at the centre of their work. People and relatives felt respected and involved in managing their support and care aspects.