Voyage 1 Limited

Hampshire Domiciliary Care Agency

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection, which took place on 21, 25 and 30 November 2016, was completed by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would available in the office.

Hampshire Domiciliary Care Agency provides personal care and support to people in their own homes. At the time of our inspection, the agency was providing a service for eight people with a variety of care needs, including people living with a learning disability or who have autism spectrum disorder. The agency was managed from a centrally located office base in Eastleigh.

There was a registered manager at the service. 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 also managed one of the providers other services. They had undertaken quality assurance audits, which provided a comprehensive review of the service and were in the process of completing actions from a quality improvement plan. This plan outlined areas the registered manager had identified as requiring improvement in order to provide safe, high quality care.

The service had not identified all risks to people or put in place sufficient measures to support staff to manage these risks. Some risk assessments for people's health or medical conditions were not available, whilst the information in other risks assessments were not always in line with professional guidance to safely support people.

Care plans for some people at the service were incomplete or contained information that did not reflect people's preferences and needs. Other people's care plans were comprehensive and informative, giving staff guidance to support people with their health and wellbeing. People told us they were involved in the planning and reviewing of their care and support.

There were a sufficient number of staff available to support people. Staff teams comprised of permanent staff and agency staff. People and their relatives told us that permanent staff provided compassionate person centred care. However, people and their relatives gave mixed views about agency staff's ability to provide effective care for people.

Permanent staff were supported to be effective in their role through appropriate training, induction and ongoing supervision. However, some agency staff had not received an induction to the service, had not been given information about the people they were working with, and in some cases had not received all training required in relation to people's health and medical needs.

Staff had an understanding of safeguarding policies and procedures and the steps needed to keep people safe. The service had a whistleblowing policy in place. Staff were knowledgeable about organisations they could contact if they had concerns about people.

Staff followed legislation designed to protect people's rights and freedoms. They understood the need to gain consent before providing care and advocacy services were consulted where people required support to access their rights and the services they required.

People had access to healthcare services and were supported to attend regular health appointments. Staff also supported people with their nutritional and medicines needs, in order to monitor their wellbeing and respond to changes in their health.

Permanent staff were knowledgeable about the people they supported. They demonstrated a kind and compassionate nature, treating them with dignity and respect and showing a concern for their wellbeing. People were supported to follow their interests and stay in touch with important people in their life.

The service listened to feedback and complaints from people in order to improve the service.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken in the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The service failed to identify and manage all risks to people's health and wellbeing.

There were sufficient numbers of staff available. This included a mix between permanent and agency staff.

Staff had an understanding of safeguarding policies and procedures.

People were supported to take their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

Permanent staff received appropriate training, induction and supervision and had skills to support people effectively.

Agency staff working at the service did not always receive appropriate training and induction and people told us they did not always provide effective care.

Staff followed legislation designed to protect people's rights and freedoms.

People received support to meet their nutritional needs.

People had access to healthcare services when required.

Is the service caring?

Good

The service was caring

Staff were knowledgeable about the people they supported and cared for them in a kind and compassionate way.

Staff treated people with dignity and respected their privacy.

Advocacy services were available to those who needed them.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Not all people had a care plan that reflected their most current needs

People told us they were involved in reviewing their care.

The provider listened and was responsive to feedback and complaints from people in order to improve the service.

People were supported to follow their hobbies, interests and stay connected to people important to them.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager was making improvements to the service in line with provider's action plan

The service had a whistleblowing policy in place which staff were confident in using.

Quality assurance systems were in place to monitor and make improvements to the service.

Hampshire Domiciliary Care Agency

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.

This inspection took place on 21, 25 and 30 November 2016.The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

One inspector carried out the inspection. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection, we spoke with five people who used the service or their relatives by telephone and visited five people in their homes. We spoke to the registered manager, the regional manager, a coordinator and six staff members. Following the inspection, we spoke with two health care professionals who had regular contact with the service, to obtain their views about the care provided. We looked at care records for five people. We also reviewed records about the management of the service, including staff training and recruitment records.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe receiving care from the service. One person said that they, "Had no problems with staff or care". Relatives told us, "I have no worries about [my relative's] care", and "When I visit, it's always clean, tidy, organized and it seems safe".

The service had not identified all risks to people and had not taken all necessary steps to keep people safe. One person required regular safety checks from staff at night due to the risk of aspiration. Although there were records that checks had taken place, there was no guidance or risk assessment in place at either the person's home or the office instructing staff to carry out these checks or identifying the risk to the person. One member of staff told us, "There is no guidance or risk assessment in place; I have to make sure I verbally hand over information to new staff as I'm worried it won't be done". This meant that new or unfamiliar staff would not have the guidance in place to manage this risk. One permanent member of staff we spoke to was aware of the person's medical condition and need for checks; however, an agency member of staff present was not able to tell us about the risk to the person or any measures required to reduce the risk.

Speech and Language Therapists (SALT) had assessed another person as requiring a specialist diet due to the risk of choking. Although the person had a risk assessment identifying that they needed to follow this diet, it did not give staff sufficient information in order for them to make safe food choices for the person. The guidance about appropriate food choices staff should offer the person did not follow the requirements of the diet recommended by SALT, with some meal suggestions presenting a choking risk.

The failure to ensure all risks to people were assessed and managed safely was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We brought these issues to the attention of the registered manager. Since our inspection, they told us that the people's risk assessments were being reviewed. This would help ensure that appropriate guidance to manage risks to people's health and wellbeing was in place.

Some risks to people were identified with staff taking steps to minimize the risk of harm. One person had a risk assessment in place around their skin integrity. District nurses had been involved in supporting staff to follow a management plan, which comprised of regular monitoring of the person's skin and repositioning when in bed or in their wheelchair. These actions helped reduce the risk of the person's skin integrity breaking down. Another person had a risk assessment in place, which staff followed when they used their car to access the community. The person could become anxious when out in the community, the risk assessment detailed the steps staff needed to follow in order to reduce their anxiety and make the activity safer.

Staff managed environmental risks to reduce risk of harm to people. People all had personal evacuation plans in their home. These identified the steps staff needed to take to support people to evacuate their homes in the event of an emergency. People regularly tested emergency equipment, and alternate accommodation arrangements were in place if people needed to evacuate their homes.

Staff were knowledgeable about identifying safeguarding concerns and understood how to keep people safe. All staff had received training in safeguarding, which helped them identify the actions they needed to take if they had concerns about people. One member of staff told us, "My main priority is keeping people safe, if there is something wrong, and then I will report it". Another member of staff said, "[Person] could not really tell you if something was wrong, so it's up to us [staff] to be their eyes and ears to protect them from harm".

Staffing levels were determined through assessments of support hour's people required to meet their needs. There were sufficient staff available to meet people's needs, however, there were shortages of permanent staff and agency staff filled gaps in the people's support teams. In one supporting living home, on the week of our inspection, agency members of staff worked 67.5 day support hours from 210 support hours allocated to people. In addition to this, agency staff completed two of the seven overnight shifts for that week.

One person told us, "There are more agency staff than before", and there, "Seems to be a high turnover of staff, sometimes only one [staff member] turns up instead of two". Another person said, "The agency are not very professional when it comes to scheduling and rotas". One person told us that they felt uncomfortable being supported by agency staff. Their records documented instances where they had declined to take their breakfast and attend a planned trip out in the community, as they did not like unfamiliar staff supporting them. The person said, "I'm not doing nothing with them". Staff also felt lack of permanent staff was an issue. One member of staff said, "Staffing is the main issue here". Another member of staff commented, "Some staff have been sent to other houses which has really put the pressure on the rest of us". A further staff member reflected, "I think the coordinator does the best they can in what is a difficult role with the lack of staff".

The registered manager acknowledged that staffing levels for permanent staff had an impact on people and that it was their main priority to address. They told us, "Recruitment is our biggest challenge here". They told us they were receiving additional resources and support from the organization to address staffing issues. In the meantime, the coordinator told us they requested regular staff from the agency in order to give people consistency in their care. They said, "If somebody is good, then we request them again".

Safe recruitment procedures were in place to help ensure that only suitable staff were employed by the service. Staff files included application forms containing their full employment history, together with reference checks. In addition, the service made checks with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

Staff supported people to manage their medicines safely. People's care plans identified the level of support people required with their medicines. Where they required support, the provider had agreed with people the appropriate level of support needed to manage their medicines safely. One person liked to take their medicines with a drink. Staff checked with the doctor that it was safe to do so and supported the person to take their medicines with their cup of tea. This meant that the person was able to take their medicines more independently and it reduced instances where they declined to take them.

Some people required 'when required' (PRN) medicines for pain, anxiety or epilepsy. In these cases, staff were aware of when these medicines were required and how people took them. One person had been prescribed medicines to reduce their anxiety when attending health appointments. The medicines were long lasting and had the effect of making the person feel drowsy. Staff worked with the person to reduce their anxieties around this activity. This resulted in a reduction in the need for that person to take medicines leading to them stopping all together. A member of staff told us, "We wanted to work with the [person] and

their doctor to reduce the use of these medicines, it's been really successful. They don't need it anymore".

Requires Improvement

Is the service effective?

Our findings

People told us their regular permanent care staff were skilled at supporting them and meeting their needs. One person told us, "Most of the staff are great and I wouldn't want to lose them". Another person said, "Staff have different strengths and roles within the home".

Permanent staff were knowledgeable about people they supported and communicated effectively with them. One person communicated their choices through pointing at a picture board. Staff told us that they took pictures of places the person liked to go to help enable them to communicate their preferences for activities. Staff told us the person responded to, "Small, clear sentences with only key information, so they can understand it better". Another person could not communicate verbally, but communicated through eye contact, blinking and humming. Staff were knowledgeable about the person's non-verbal cues and offered support and reassurance in response to these signs.

However, people and their relatives felt not all the agency staff provided effective care and support. One person said, "One [agency member of staff] has a way of doing things and sometimes he doesn't pay attention to what I'm requesting". Another person commented, "They [agency staff] are no good, they don't tell us if they are going to be late". A relative told us, "The main staff are much more reliable than the agency staff; it's really hit and miss with them". A member of staff told us, "The agency staff arrived and did not seem to know what they were doing. [Person] refused their medicines from them and I had to step away from what I was doing and ended up supporting both [people]".

Permanent staff received training specific to the needs of the people using the service. They were knowledgeable about people in effectively supporting them, their health and wellbeing. New staff received training that was in line with the Care Certificate. This is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate care to people. Staff had received additional training in Percutaneous endoscopic gastrostomy (PEG). A PEG provides a means of feeding through a tube directly into a person's stomach, which replaces oral intake. Staff's knowledge and skills were updated through regular refresher training.

Not all agency staff had received appropriate training to meet people's needs. One person said, "They used to send out people that weren't fully trained". One agency member of staff we spoke to confirmed they had not received training required for PEG and that their epilepsy training was, "From a long time ago". This meant that the agency member of staff did not have sufficient knowledge or training to effectively support the people whom they were designated to work with, on the day of our inspection. The service received staff profiles for agency workers, which confirmed their employment background and training. In one example of a profile from a current agency staff member, they had not received training in PEG or Epilepsy, which were required in order to meet the needs of the people they were working with.

The failure to ensure all staff were suitably qualified, competent, skilled and experienced was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

New staff completed an induction programme, which included shadowing experienced staff before working alone. This enabled new staff and people to get to know each other. Agency staff did not always receive an induction programme. The agency staff member we spoke to confirmed that they had not received any information or had a chance to review the care plans of the people they were supporting prior to working with them. This meant that they were unfamiliar with people's needs and may not have enough information to monitor their health and wellbeing.

Staff's effectiveness in their roles was supported by supervision. Supervision involved office based meetings, observation whilst working with people and a set of competency assessments. Supervisions included discussions around work performance, training needs and areas for professional development. Staff were positive about the role supervision played in supporting them in their role. One staff member told us, "Supervision has got a lot more regular since the [registered] manager has come in, I have recently been told to update my training, but it's not just about what they [registered manager] want. We get a chance to give our opinion and ideas too". Another staff member said, "Yeah, the supervisions work well, I feel supported".

People's legal rights were protected by staff following the principles of the Mental Capacity Act (MCA) 2005. The 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 MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Some people had a cognitive impairment and assessments showed they were not able to make certain decisions such as the decision to have medical surgery. Where necessary, best interest's decisions had been made following involvement of doctors, advocates, external professionals and people related to, or who knew the person well.

Staff were clear about the need to seek consent from people before providing care and used a variety of methods to check people were ready and willing to receive support. People's care plans clearly stated decisions people could make and steps staff needed to take in order to help them communicate their choices. One member of staff told us, "We should not restrict people from doing what they want to do. For example, we do not stop people going in the kitchen. Our job is to support them by making the environment safe, make sure they understand what we are asking them to do and respecting their decision as long as it is safe to do so."

Although not all risks relating to people's dietary needs were effectively managed, people and their relatives were happy with the support the service gave around their nutritional needs. One person said, "He's [staff member] a great cook, and we don't want to lose him". A relative told us, [My relative] "likes to make choices about their food and is able to do so".

The level of support people required with their food and drink was identified in their care plans. Some people required their amount of fluid intake monitored due to medical conditions. Staff understood why the monitoring was important and supported people to keep accurate records. Health professionals associated with people's care reviewed records and this formed part of the overall monitoring of people's health and treatments.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, podiatrists and an optician and that they attended appointments when required. Some people had a health action plan, which described the support they needed to stay healthy; however, some people records were incomplete or missing. This meant it could be difficult to track their health appointments and most up to date health needs.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were caring, kind and provided compassionate care. One person told us, "I love [member of staff]". A relative commented, "They [staff] seem to like [my relative] and they have a rapport". Another relative said, "[My relative] seems happy [with staff] and they have been much happier with Voyage then in residential".

Staff showed concern for people's wellbeing and supported them in a meaningful way. People appeared very comfortable in staff's presence. Staff were confident in identifying people's verbal and non-verbal cues and were quick to offer guidance or reassurance if people became confused, distressed or required assistance. One member of staff told us, "I have worked with [person] for many years now, I care a lot about their happiness and wellbeing. I guess you could say I'm part of the furniture". Another member of staff said, "We work with them [people], support them, try to make their life better". A further member of staff commented, "We are here for the people".

People and their relatives told us they were involved in the planning of their care. One person told us they, "Wrote their own care plan to do with personal care", and, "I am happy with it". Everybody we spoke to confirmed they were consulted about how they would like to be supported and that staff followed these wishes.

People had access to advocacy services if required. Advocacy services work in partnership with people to ensure they can access their rights and the services they need. Where people required support, the provider had made links with local advocacy services to be involved in care planning and reviewing of people's support. This helped to ensure staff were aware of how to act appropriately to meet people's requests and follow their wishes.

Staff promoted people's dignity. Staff told us they were encouraged to follow a set of guidelines, which helped to uphold people's dignity. This included a set of behaviours and principles staff should follow at work. People's care files contained guidelines about applying these principles and these were displayed in the service's office. One member of staff told us, "Dignity is about a person's uniqueness and finding ways in which to celebrate it". Another member of staff said, "I believe that you should treat others as you would have them treat you".

Staff respected that they worked in people's homes and that they were their guests. One member of staff told us, "It's about simple things, like understanding this is their home and ensuring that staff and visitors knock and we ask people their permission before we let them in". Another member of staff told us, "Even if [person] is in their room, we keep the place tidy and uncluttered. We don't put our personal things everywhere as it is their home, not ours (staff)".

Staff respected people's privacy. Staff told us that some people liked to spend time on their own in their homes. A member of staff said, "If [person] wants to be alone we respect that". One person sometimes displayed the urge to have some personal time whilst in communal areas. Staff told us they prompt and

encourage the person to go into their room, as it was a more private setting. Personal care support took place away from communal areas in the home and staff told us that they would find a discreet place in public to support a person with their personal care to maintain their privacy and dignity.

Staff celebrated people's personal histories. People decorated their homes with personal items relating to their life history, families and culture. Staff had an in depth knowledge about people's backgrounds and life events and took the time to reminisce with people about events, figures important to them and memories from their life. This helped to give comfort to people and helped them stay connected to people and events from their past and present.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives had mixed views about how responsive the service was in meeting their needs. One person told us, "Communication could be better". A relative reflected, "They don't communicate very well about the small things". However, another relative told us, "They tell me what's been going on". With a further relative commenting, "They ring me if [my relative] has had a problem, or gone to the hospital".

People had a care plan but not all were comprehensive in helping enable staff to respond to changes in people's health and wellbeing. One person told us that, "There's not much paperwork (care plans at their property)".Two people's care plans contained comprehensive information about the person's life history, preferences and routines and information about their health to enable staff to respond quickly to any changes in their wellbeing. Two other people had care plans in a previous provider's format. They had joined the service from another provider approximately a month prior to our inspection. Staff told us that care plans were in the process of being reviewed, but they had all the information required to support people and respond to their needs.

Two people had incomplete care plans, which had missing or inaccurate information around their mobility, fluid/ nutritional needs, and risk assessments for people's safety, information about daily routines and preferences and profiles of their life history/relationships which were important to them. Some information was not available at the services office but was at people's homes. Staff told us they had amended some care plans as the information they contained was inaccurate and would not enable new or unfamiliar staff to respond to people's needs. One member of staff told us, "The paperwork is not correct, some of it is out of date, some of it is just wrong". Another member of staff said, "There is information in the care plans that is missing, I do find them hard to follow". Due to the high use of agency staff, incomplete or inaccurate care plans meant that staff that were unfamiliar with people would not have all the information and guidance required to accurately monitor people's wellbeing, or respond to changes in their health.

We brought this to the attention of the registered manager. They told us that since our inspection, they had arranged for these people's care needs to be reviewed and their care plans updated accordingly.

Care plans, which were completed, took into account the level of independence people aspired to and steps staff needed to take to support this. One person wanted to brush their own hair. They were not able to control the brush, so their care plan identified that they required hand over hand support to enable them to brush their hair effectively. Another person's care plan detailed how he or she would like to be involved as much as possible when making teas. Staff told us the person had purchased some adapted equipment, which enabled them to take part in the activity with reduced staff assistance. Another person was supported to wash their hair independently. Staff had written down all the steps the person needed to take to wash their own hair and were supporting them to practice and improve their skills carrying out the task.

People followed their interests and participated in social activities. Some people attended social groups or groups associated with their hobbies or interests. One relative told us, "They do take him out and about". A member of staff told us, "[Person] loves to go out, especially in the car, we will take them out whenever they

want, and it's not a problem". People pursued their hobbies and interests in their own homes. Staff had adapted equipment, which enabled one person to complete Darning independently. Another person had adapted a room in their home to a quiet space with music and lights where they could relax.

People were supported to maintain relationships, which were important to them. People's care plans identified family members who were important to them and the established frequency and mode of communication people wanted to maintain with them. One relative said that, "I can visit whenever I like - I just ring half an hour before, as a courtesy, and to make sure they are in".

People and their families told us they were involved in reviewing their care, although there was mixed feedback about whether reviews took place frequently enough. One person told us, "I have reviews every three months". However, a relative said, "The last review should have taken place a couple of months ago. The review didn't happen, maybe because the manager is busy". The coordinator showed us records of when reviews of people's needs had taken place. Some reviews took place on a cyclical basis, whilst some reviews had taken place in response to changes in people's health and wellbeing.

Staff supported people appropriately in line with their gender, disability and cultural or religious beliefs. One person decorated their home with items, which were reflective of their cultural background. Another person attended a faith group and attended community groups and events, which were relevant to their cultural background and religious beliefs. Care plans identified cultural and spiritual festivals, which people choose to celebrate. This helped enable staff to support people in line with their wishes during particular events through the year. People's care plans documented their gender preference for their staff. Their staff teams reflected their preferences.

People and their relatives told us they were confident in raising complaints to the registered manager, who would take their concerns seriously. One person said, "I would tell manager (if they had concerns)". The provider had a complaints policy in place and kept a record of complaints and their response to them. Records of complaints confirmed that the registered manager responded to any concerns in a timely manner and investigated complaints and concerns thoroughly.

The provider sought feedback about the service provided from a range of sources including reviews and surveys. The registered manager collected and analysed feedback and put in place action plans in order to make improvements and changes in line with suggestions. A suggestion board in the office displayed examples of people's feedback driving changes in the service. In one example, a person wanted to go swimming and needed staff that were confident in swimming to take them. A suitably skilled member of staff began working with them, which resulted in the person regularly attended swimming sessions.

Requires Improvement

Is the service well-led?

Our findings

There were mixed views about the how well the service was managed. One person when asked told us, "I think so (that the service is managed well)". Two relatives told us, "The new manager is much better, hopefully things will continue to improve", and also, "The new manager is good, I like what she is doing so far". However, one person told us, "Local management could stand some improvement", and a relative said, "Not really, they are like any other care company really". The people and relatives who expressed negative views acknowledged that a new management structure had recently been put in place and told us many negative views were from long standing issues with care and support, as opposed to specifically relating to the new management team. One member of staff told us, "I have had about ten different managers in the last year. It's definitely better now we have some stability".

There was a clear management structure in place. This consisted of the registered manager, a coordinator and senior support staff who managed the administration in local geographical areas. The registered manager also received regular support from the provider's regional manager, who frequently based themselves at the services office, and the provider's internal quality auditing team, who carried out regular quality checks on the service. Staff were clear about their roles, responsibilities, and appropriate figures in the organization who they could speak to about issues such as advice about people's health or policies and procedures.

The registered manager had a clear understanding of their role and the key challenges for the provider. They were also the registered manager for one of the providers other services. They told us, "When I came over I knew there were issues and challenges", and, "A few months down the line we will have made massive improvements and all information will be in place to make this a service we will be proud of".

The registered manager monitored the quality of the service through regular auditing which led to actions plans being implemented to improve the service. The registered manager told us, "Audits have taken place by me, the operations manager and the company's quality team, highlighting areas of improvement and how these will be implemented and what we have already implemented". Audits assessed the quality of the service in relation to how: safe, effective, caring, responsive and well led it was. The coordinator, registered manager and the provider's internal quality team carried out audits. An improvement plan from July 2016 highlighted 157 actions that were required in relation to the quality and safety of the service. Actions were assigned to staff with timescales for completion. This helped ensure people were accountable for their actions and improvements were tracked. At the time of our inspection, the service had completed some actions, whilst others were in progress.

Senior staff made quality checks and audits of peoples care records in their homes. These included checks on: care documentation being completed correctly, medicines administration records, infection control, health and safety. The registered manager and coordinator reviewed these audits and identified any areas to follow up on or address with staff. One member of staff told us, "I do all the checks for safety round the home. It's my job to check the other staff are doing things correctly and afterwards we can give them more training if they are not". This helped the registered manager quickly identify issues and resolve them.

There was an open and transparent culture emerging in the service. There was a whistleblowing policy in place. Staff told us that they had not always been confident raising concerns, but they felt this was getting better. One member of staff said, "I'm not sure historically that I would have been confident in raising concerns, I think it's getting better. Another member of staff commented, "There are organisations I could raise concerns to externally like the council or CQC".

Providers are required by law to notify CQC of significant events that occur in their care services. This allows CQC to monitor occurrences and prioritise our regulatory work. We found that the service was compliant with this requirement.

Staff meetings helped enable staff to feed back about the service and suggest improvements. Staff told us that issue discussed at meetings included: updates to policies and procedures, discussions and suggestions for improvements and reflection and monitoring of actions from previous meetings.

Staffs rights and wellbeing were supported. Staff were supported to access additional support services if required. Counselling services were available to staff when people passed away. One member of staff told us, "I thought that was a really nice touch when they offered counselling. It was a real shock when [person] passed away and I felt that extra support helped me in that situation".

The service had made links with other providers to help to identify issues and make improvements to the service. The registered manager told us that they had been working in partnership with a local authority's quality team. They had recently completed a quality audit, which linked with the services internal audits in highlighting areas for improvement.

Although clear improvements had been made in the past few months under the new management structure, the leadership of the service had yet to demonstrate a sustained drive to improve the service and deliver high quality of care over a prolonged period in time.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure all risks to people were assessed and managed safely.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure a sufficient number of suitably qualified, competent, skilled and experienced staff were deployed.