Community Care North East

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This comprehensive inspection took place on 17, 18, 20, 22, and 23 October 2017. The first day of the inspection was unannounced.

Community Care North East is registered with the Care Quality Commission to provide personal care in people's own homes. The service is provided in County Durham and Gateshead. At the time of our inspection there were 37 people using the service, 3 of whom were in hospital.

At the last inspection carried out in June and July 2017 we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.The breaches were:-

Regulation 9 Person-centred care
Regulation 11 Need for consent
Regulation 12 Safe care and treatment
Regulation 16 Complaints
Regulation 17 Good governance
Regulation 18 Staffing
Regulation 19 Fit and proper persons employed

Following the inspection in June and July 2017 we rated the service as 'Inadequate' and the service was placed into 'Special Measures'. The service had not been compliant with regulations since our inspection in March and April 2016. People who use adult social care services have the right to expect high-quality, safe, effective and compassionate care. Where care falls below this standard and is judged to be inadequate it is essential that the service improves quickly for the benefit of people who use it. Special measures will give people who use the service the reassurance that the care they get should improve.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements had been made and they are no longer rated as inadequate overall or in any of the key questions. Therefore, this service has now been taken out of Special Measures. We asked the provider to take action to make improvements. During this inspection we found no further regulatory breaches and no continued breaches of the regulations listed above.

There was a registered manager in post. 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.

Following our last inspection the provider had put in place an action plan to improve the service. We saw the

provider and the registered manager had addressed the actions and progress had been made. For example, a timetable of unannounced spot checks on staff had been put in place and we saw the spot checks were being carried out.

Staff were supported through training, supervision and appraisal. Support was also provided to staff through regular meetings with the registered manager.

At our last inspection we found there were not enough staff on duty to cover the rota requirements and people complained to us staff were regularly late. The registered manager had used a local college's recruitment days to attract prospective staff. They told us they had tried to recruit staff close to where people lived to reduce travelling time. They had recruited two staff however one had quickly left the service. During this inspection people told us sometimes staff were late but that was because of meeting the needs of other people prior to their visit. We saw work had begun on looking at rotas to enable staff had sufficient time to travel between visits.

When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with vulnerable people who needed care and support. New staff were required to undergo an induction process before they could work with people on their own.

People's personal risk assessments had been updated together with their care plans. We found these had improved and were more person-centred. People's relatives confirmed to us the information contained in the care plans and risk assessments was accurate. Staff completed daily notes to describe the care they had provided. We saw the notes corresponded with people's care needs. A programme of three monthly reviews was in place to monitor people's care plans.

The registered manager had taken action to improve the processes linked to the administration of people's medicines. New medicine administration records (MAR) had been introduced into the service. The new MAR charts listed people's topical medicines (creams applied to the skin) as well as their oral medicines.

Staff had been trained in safeguarding vulnerable people. Since our last inspection no safeguarding concerns had been raised with us.

The service had a weekly updates log in place, whereby office staff contacted the care staff for any updates about people's changing care needs. Messages from relatives who contacted the service to say their family member had been admitted to, or discharged from hospital, were also documented. Staff had recorded how they handled this information and demonstrated good communication in the service.

We found the service had taken action to demonstrate they were complaint with the Mental Capacity Act 2005 and associated Code of Practice. Where people lacked capacity to make decisions the service had put in place best interest decisions following discussions with relatives to ensure people were protected. Consent had been obtained from people by the provider, to deliver people's care. We saw people or their representative had signed people's care plans.

People reported to us they found the staff to be caring and kind. Relatives told us staff worked with them and carried out their requests if they had to leave a note in their family member's home to ask staff to carry out a task for their family member. People told us about how staff protected their dignity and privacy. Guidance to staff was written in people's care plans to enable staff to support people to maintain their independence.

Since our last inspection there had been no complaints. People and their relatives told us they would contact the office to make a complaint.

The provider sent us the results of an updated survey used to monitor the service. The survey showed people were largely positive about the service.

At our last inspection we were concerned about staff accountability in relation to them arriving at and departing from people's homes on time. The registered manager had introduced a paper based process so people could sign and confirm staff movements when they chose not to allow their home telephone number to be used for the provider's electronic monitor system.

During this inspection we saw the service had made significant improvements. However, we found further time was needed to ensure the improvements could be sustained and embedded into the service provision.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Actions had been taken by the registered manager to improve the way staff recorded the administration of people's medicines.

Staff recruitment was robustly carried out.

Work had commenced in the service to make changes to rotas to ensure staff would arrive at people's homes on time.

We found people's personal risk assessments had been updated to more accurately reflect their needs.

Is the service effective?

Good

The service was effective.

The registered manager had set up a matrix to plan staff supervision meetings and staff supervision was being implemented. Annual staff appraisals had been planned in line with the date each staff member had started working for the service.

Since the last inspection staff had undertaken training in a range of topics relevant to their role

The service had made improvements and was compliant with the Mental Capacity Act 2005 and the Mental Capacity Act Code of Practice. We found people had given consent to their care and signed their care plans

Is the service caring?

Good

The service was caring.

People and their relatives told us they found staff to be caring. Staff respected people's dignity and privacy.

Relatives were involved in the service and liaised with staff to ensure the changes in people's care needs were met. Relatives felt staff listened to them as natural advocates for their family

members.

Care plans described how people were independent and what actions staff were to take to promote people's independence.

We found staff had collected people's prescriptions where they were not able to do this for themselves and they contacted their GPs for advice where needed to promote their well-being.

Is the service responsive?

Requires Improvement

The service was responsive.

We found improvements had been made to people's care plans. These had been updated and staff were provided with person-centred information to support people. However, we found further time was required for the provider to demonstrate the improvements were sustainable.

Information in people's care documents was accurate. Relatives confirmed to us people's plans contained accurate and relevant information.

Staff completed daily records after each visit to a person's home. We found the daily records demonstrated staff were delivering people's care in line with their care plans.

The provider had a complaints process in place. People knew how to make a complaint. There had been no complaints since our last inspection.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Since our last inspection the registered manager had introduced a number of systems into the service to improve and monitor quality. Insufficient time had elapsed for the provider to demonstrate these improvements were embedded and had been sustained.

Following our last inspection we raised a number of concerns about the service. The provider had compiled an action plan and shared with us the actions they had intended to take in order to improve the service. We found during the inspection the actions had been carried out and progress had been made.

The registered manager was holding regular meetings with staff and provided them with information and guidance to support

their roles.

Community Care North East

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 17, 18, 20, 22, and 23 October 2017. The first day of our inspection was unannounced.

The inspection team consisted of one adult social care inspector.

Before we visited the service we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service; including local authority commissioners. Local authority commissioners told us they were carrying out monitoring visits to the service to ensure improvements were being made.

We did not ask 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 used the opportunity of the inspection to explore the plans for the service with the registered manager.

During the inspection we spoke with three people who used the service and eight of their relatives. We reviewed 20 people's care files and visited three people with their permission at their homes. We looked at five staff files and checked other records held by the service in the management of the regulated activity. We spoke with five staff including the registered manager, a senior carer, and two care staff members and an administrator.

Good

Is the service safe?

Our findings

At our last inspection in June and July 2017 we found the registered provider was in breach of Regulations 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches related to missed calls and insufficient staff on duty to deliver people's care. During this inspection we found improvements had been made.

One person told us they had seen improvements in the service. Another person told us they felt safe with the staff and did not have any problems. They told us they "trusted the girls (staff)." One relative told us how the staff worked with their family member to ensure their front door was locked to keep them safe. We saw this was a common theme in people's care plans. Staff had documented how they were to secure people's homes.

The service had carried out risk assessments with people to look at their personal risks. We saw, for example health and safety risks assessments were in place. Staff checked to ensure if people were at risk of falls there were no hazards which may increase the risks for them or staff. Where people had specific medical conditions such as osteoporosis there were risk assessments in place. Staff were given guidance on what to look out for to ensure people's health conditions were not left untreated should they deteriorate.

The registered manager told us following concerns we had raised at the last inspection about people's medicines, they had spoken to the pharmacies who deliver the medicines to request they send out Medicine Administration Records to enable staff to accurately record people's medicines that were administered. Pharmacies had responded to the registered manager in different ways including indicating they would charge people for this service. As an alternative the registered manager had drawn up a more comprehensive MAR to allow for a greater level of detail. When we visited people in their own homes with their permission we checked their care files and saw the new MAR charts were being introduced. If people's medicines had changed we saw these were added to the MAR charts and senior care workers had signed for the change. The MAR charts included topical medicines (creams applied to the skin). Staff had signed to say they had applied topical medicines as prescribed by the person's GP.

The registered manager had required staff to sign up for a course in the management of medicines at a local college in order to increase their knowledge. We found the registered manager had set up records to monitor when competencies for staff administering people's medicines were due to be checked.

We spoke with the registered manager who told us there had been no further missed calls since our last visit. People we spoke with and their relatives told us they had not experienced calls being missed by staff although staff were sometimes late due to walking or needing to use public transport between calls. People expressed sympathy with the staff and told us they understood if a member of staff needed to stay a little longer with a person. The registered manager told us they had tried to recruit staff close to where people lived in order to reduce travelling time.

Staff had been trained in safeguarding vulnerable adults. Some staff had updated their training since our

last inspection. They told us they felt confident in approaching the registered manager with any concerns.

We reviewed the accidents file and found there had been no accidents since our last inspection. The registered manager confirmed this was correct.

At our last inspection we raised concerns about the service employing enough staff to cover the visits to people's homes. The registered manager had used recruitment days at a local college to attract more staff, although not all of the potential new staff had subsequently taken up the employment. One new staff member had been recruited, undergone induction training and then left the service without explanation. Another member of staff had been successfully recruited, undergone their induction period and was now working independently in the community. The registered manager recognised that more staff would need to be recruited if the service expanded in the future. They told us they had asked to be kept informed of future recruitment fairs.

We looked at staff recruitment records and saw that vetting of staff was carried before they began working for the service. The vetting included Disclosure and Barring Service (DBS) checks and obtaining two written references. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Improvements had been made to the recruitment of staff since our last inspection, for example we found written references had been obtained.

The provider had in place a disciplinary policy. Since our last inspection the registered manager told us there had been no further incident requiring use of the policy to address inappropriate staff behaviour.

Good

Is the service effective?

Our findings

At our last inspection in June and July 2017 we found the registered provider was in breach of Regulations 11 and18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches related to the service not seeking consent to deliver people's care and the staff not being supported through supervision to carry out their role. During this inspection we found improvements had been made.

One relative told us their family member was very independent and "goes out and about." They told us care staff supported their family member at the times when they needed the support. Another relative told us they felt the service to be "generally good." A third relative told us they found the service had improved.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

We found the staff had received training around the use of the MCA but at our last inspection we found the application of this training was missing. During this inspection we found staff had completed capacity assessments where necessary. The registered manager showed us a copy of the capacity assessment they had implemented in line with national guidance. Best interest decisions had been discussed with relatives and were now in place. This demonstrated discussion had taken place with the person concerned (where they were able to partake in discussions) and their relatives about what actions were required in order to protect a person's welfare.

When the new care plans had been devised we saw the staff had ensured people or their representatives had signed the plans to give their consent to the care being delivered. This meant people's consent had been obtained and they had agreed with their plans of care.

During our last inspection we found staff who provided personal care did not have the qualifications, competence, skills and experience to do so safely and measures to mitigate the risk to people using services were not in place. At this inspection we saw from staff files staff had updated their existing training and had received a range of additional training. The registered manager explained they had further training to allocate to staff. Since our last inspection some staff had completed training in challenging behaviour, dementia, basic life support, confidentiality and moving and handling awareness.

The registered manager had put in place a rolling programme of staff supervision meetings. We found staff were now receiving regular supervision. Supervision is a process, usually a meeting, by which an

organisation provides guidance and support to staff. The registered manager had also set up a programme of annual appraisals to measure staff performance based on the month when staff started working for Community Care North East. We found staff were now being appraised in line with the programme.

Staff had worked with other professionals in order to meet people's health care needs. The registered manager had liaised with community pharmacists to support the safe administration of people's medicines. We saw staff had supported people to contact their GP and contacts were made with people's health care professionals and care managers to inform them of any changes in circumstances.

Relatives spoke with us about communication in the service. One relative had an issue with receiving bills for their family member's care. The issue had been resolved to the satisfaction of the relative, although they told us they felt it had taken "some time" to resolve. Another relative told us about leaving notes for the staff about their relative. They found the staff had read the notes and carried out the required actions. We saw relatives had contacted the service if there were any changes, for example to a person's medicines. This information had been relayed to staff to ensure they were aware of the change on their next visit.

We found people's risk assessments continued to include factual information about the use of equipment supplied to them. The registered manager explained that where they had been able to find out for example the specific make and model of a person's stair lift, they had incorporated the information into the person's plan to enable staff to do an initial check of the equipment before use. For example, this might include ensuring it was plugged in correctly. One member of staff had experienced difficulties with a person's bath lift. They had contacted the office who had put in arrangements to ensure the bath lift could be repaired. This meant staff were effective in meeting people's care needs.

Staff prepared meals for people where this was an assessed need and records showed they had received training in diabetes, and nutrition and hydration. Care plans documented who prepared people's meals and their food preferences. People confirmed staff made them cups of tea and provided meals to meet their preferences.

Good

Is the service caring?

Our findings

We asked people if staff were respectful. Everyone we spoke with told us staff respected their homes. One relative told us the staff were, "pleasant". One person said, "Some staff bounce in" and they would prefer it if staff toned down their behaviour. Another person told us they could not do without the service and said, "The girls (staff) are my guardian angels."

People valued the continuity of care they received from care staff known to them. One person told us they had experienced an occasion where their regular staff were off duty and felt new staff did not follow the care plans. For example, they did not put their washing in the washing machine. They told us they had also found staff, "Will do anything to help." Another person told us about an occasion where they collected newly prescribed medicine form the local pharmacy for them so they did not go without new medicines.

One person told us they were, "Pretty content" with the service they received. They told us staff were caring towards them and they felt they had a good relationship with the staff. Another person told us staff were, "kind" towards them. We found records showed that staff had monitored a person's pain level and where they had found the person in pain they had responded by calling their GP to seek advice about what they should do. Another staff member contacted a GP for test results to ensure the person got the care they needed. Arrangements were then put in place for a relative to collect a new prescription. This demonstrated staff were caring towards people and ensured people received appropriate care.

People and their relatives told us they felt involved in the service and explained they had contributed to discussions around people's care. They told us staff were prepared to work with them as they advocated on behalf of their family members. We saw in the weekly service updates one family had requested an extra visit to their relative "for peace of mind." The service had included this visit on their rotas. Other relatives told us they had contacted the service by telephone or left messages for the staff if there were any changes. Relatives told us staff had listened to them and carried out their instructions to support their relative's wellbeing.

Staff told us about supporting a person to a special family occasion and working with the person to enjoy their day. Arrangements had been put in place to ensure their personal care was delivered around preparations for the event. We spoke to the person concerned who confirmed staff had been very helpful. Staff had attended the family occasion to ensure their needs were met. This meant staff were prepared to support people to participate in events important to them.

People told us how staff protected their dignity and privacy. One person spoke of staff covering them when assisting them with personal washing. We saw in people's care plans staff were given guidance on how to protect people's privacy.

Documents held in the office were stored confidentially in lockable cupboards and filing cabinets. Staff had been trained in confidentiality and understood the need to keep people's information safe.

Although there was nobody receiving end of life care at the time of inspection, we saw following a recent family's bereavement staff had respectfully left the family and made the necessary arrangements to ensure staff did not visit that day. They also informed the person's care manager in the local authority to make them aware of the person's death. This meant staff took appropriate actions to prevent the family from being disturbed by services at an important time.

Staff promoted people's independence. In people's care plans we saw staff had recorded about people's abilities and what they were able to do for themselves. Staff had put arrangements in place with one person to manage their care in a way that promoted their independence. In doing so staff had accepted the person needed extra time to retain their independence. In another person's plan staff had recorded, "I will ask care worker to assist when needed. I am very independent, I like staff to be in same room as me getting dressed but I like to keep my independence and ask when needed for assistance."

Requires Improvement

Is the service responsive?

Our findings

At our last inspection between in June and July 2017 we found the registered provider was in breach of Regulations 9, 16 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches related to a lack of assessments being carried out, incomplete records and complaints not being addressed. During this inspection we found improvements had been made.

People spoke to us about the responsiveness of the service. One relative told us the visits to provide their family member's care had been set up as soon as they left hospital. One person described how a new member of staff had been unable to gain access to their property and the staff member had contacted the office. The office staff contacted the person by telephone to check they were alright. The person felt this was a good and prompt response.

Since the last inspection the registered manager had reviewed each person's care plans and risk assessments. They had sent us a copy of each plan as it was reviewed. We found the plans had improved and detailed people's personal care needs. For example, we saw details about how people liked to take their medicines. In another person's care plan we saw how they preferred to be washed. When we checked with people who used the service about their care needs, we found the plans accurately reflected people's needs. Relatives also confirmed to us the plans portrayed how their family members liked their care to be delivered.

People's care records were complete in terms of information about their age, next of kin and key contact points. We were able to use the information on the care plans to make contact with people's relatives and found the contact details were accurate.

Each person's care plan was split into different sections which included the provision of care hours, background information and personal objectives. For example, the objectives included, "I wish care workers to ensure I am dressed correctly as I like to be smart in my appearance and would like to continue dressing in such a way. I like to choose my own clothes and dress appropriately. I would like care workers to encourage and maintain my appearance." In another person's objectives we read, "I would like the carers to maintain my skin integrity by checking my skin for sores, applying protective cream where required and informing the district nurse as soon as any sign of pressure damage." We found the objectives were person-centred and relevant to each person's needs and chosen lifestyle.

Actions for each staff member were listed for the time of each visit to a person's home. Details were given to staff about how they were to enter each person's home, where the person would more than likely be, and if any family members were to be present. For example, one person's plan said, "Upon arrival there will be my wife present and so the front door will be unlocked for the care workers to come in. I do have key safe if door is locked, I would like my carer to use key safe." Staff completed notes after each visit. People confirmed staff wrote notes after each visit. We reviewed the notes in the homes of three people with their permission and in the notes which were returned to the office. The notes indicated staff had visited people in their own homes at the required times in order to provide care and the care delivered reflected that specified in people's care plans.

The provider had in place a weekly service user amendments document. A member of the office staff checked with care staff on a weekly basis to ask if there had been any changes to people's care needs. We found where there had been changes to people's care requirements, staff had noted these, care plans had been updated, and staff were informed. A number of the updates concerned people cancelling calls due to their personal circumstances, for example if they were admitted to hospital. Staff took note of the changes and informed the person responsible for billing to avoid people from being over charged for their care package. When people were discharged from hospital staff were notified immediately to recommence a person's care. This meant staff were responsive to people's changing needs.

Arrangements were in place to review people's care needs every three months. At the point of our inspection insufficient time had elapsed for us to make a judgement that people's new care plans were being routinely reviewed at regular intervals. We found some reviews had taken place and reviews which were planned were noted on the weekly updates provided to the office.

The provider had in place a complaints policy. The registered manager confirmed the service had not received any complaints. People we spoke with during the inspection told us they had not made a complaint but they knew how to raise any concerns and advised us they would contact the office. One person said, "I have no concerns or complaints. The staff are good."

Although we saw the service had made improvements, we found further time was required in order to demonstrate the improvements made were sustainable and had been embedded in the service.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection between June and July 2017 we found the registered provider was in breach of Regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches appertained to records not being accurate and up to date. At this inspection we found improvements had been made.

There was a registered manager in post who had been registered with the Commission on 11 September 2017. Prior to this inspection the registered provider submitted an application to change the location of the service. This process is now concluded and the provider is registered at the new office location.

Following our last inspection the provider had put in place an action plan. The action plan addressed the areas of concern we found during the inspection. Target dates had been set to complete the actions. The provider sent us an updated copy of the plan and demonstrated they had made progress. At this visit we found all the actions had been initiated although some required further time to fully embed in the service. The registered manager had also begun to review the provider's policies. Whilst we saw improvements had been made we found insufficient time had elapsed for the provider and the registered manager to demonstrate the improvements were sustainable.

Meetings with staff were held on a regular basis for the staff in Gateshead and in Durham. We saw the meetings involved the registered manager giving staff guidance about their work role. In one staff member's appraisal they felt the staff meetings were going well and had improved communication in the service.

At our last inspection the registered manager who was in post but not registered at that time, confirmed to us they had found no evidence of audits to assess the quality of the service being in place. We found they had subsequently implemented systems for monitoring the service. These systems had included monitoring people's daily records as they were returned to the office. We asked what arrangements had been put in place and what proportion of records was reviewed. Staff were monitoring the daily records returned to the office but had yet to put in place a structure to carry this out effectively.

All staff files had been audited and deficits in the files had been addressed. This meant there was now a system in place to ensure the deficits we found at the last inspection could be determined.

A system of spot checks had been introduced. Staff were now checked to see if they were representing Community Care North East according to company policies related to, for example, dress codes or the wearing of identification badges. Where this was not the case evidence had been documented and the issues raised with staff. Staff were also checked to see if they behaved in an appropriate manner and if they displayed the necessary competencies to deliver people's care.

Since the last inspection the provider had sent to us evidence they were contacting staff each week to discuss any changes in the care needs of the people for whom they were providing personal care. The changes included examples of where people needed to be admitted to hospital or where there was a

change in their medicines. We saw staff recorded where people's course of anti-biotic treatments had concluded. This demonstrated the service had oversight of people's care needs and as a result records were now contemporaneous. We also found the accuracy of people's care records to be improved. Information in people's care files reflected their needs.

The provider had carried out a survey of people who used the service and sent us a copy of the aggregated survey outcomes. In the survey people were asked to score the service. We saw people who had responded to the survey rated the service from good to excellent. No one rated the service as poor or very poor.

We looked at the management of visits to people's homes and asked people if staff arrived on time. One person told us staff in general arrived on time. Another person said, "Most of the time." They went on to explain that some staff were required to walk between visits and sometimes they were a little late. The provider continued to have in place an electronic monitoring system to monitor when staff arrived and left people's homes. At those points in time staff were required, with each person's permission, to use their landline telephone and ring a free phone number from the person's house to indicate they had started their call. Some people had not given their permission and at our last inspection we found no consideration was given to how this could be resolved so staff could confirm they had arrived at the service. The registered manager had introduced a system of a log to be used by staff which included people signing to say staff had arrived and departed at the correct time. This meant the manager had oversight of staff movements between people's homes. They showed us a spread sheet which they were developing which could ensure people were getting the correct amount of hours. They explained to us this was an interim process until a new logging system could be purchased.