

Assist Care Limited

Assist Home Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

Assist Home Care provides care and support to people in their own homes. There were 165 people using the agency at the time the provider submitted the Provider Information Return on 29 September 2017.

The inspection took place on 13 November 2017 and was announced.

There was a registered manager in place at the time of our inspection. Like registered providers, registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our last inspection on 16 October 2015 we found the agency did not always have sufficient staff to provide the services required. People told us this meant that sometimes care staff were late arriving with them or they received different care staff from those they had been allocated. Care staff reported that their calls were usually scheduled back to back which meant they had no time to travel between calls. This is the first time the service has been rated Requires Improvement overall, however, Safe was rated Requires Improvement at the last inspection.

At this inspection we found this issue had not been satisfactorily addressed. Whilst some people told us they could rely on their care workers to arrive at the scheduled time, others reported that their care workers often arrived late. Many care workers reported that their visits were still scheduled back to back, which meant they had no time to travel between calls. This meant staff were under pressure to complete their scheduled calls and that people's calls were often delayed. For some people, this problem was compounded by the fact that they had not been contacted to inform them staff were running late.

Some people regularly had their calls cancelled by the agency, sometimes at short notice, which meant they had to manage some aspects of their care themselves or ask their relatives to provide the support they needed. Many people had raised concerns about late and cancelled calls and poor communication in satisfaction surveys but these problems continued to occur regularly.

Information supplied by the provider showed that three care calls had been missed and that 170 calls had been cancelled by the agency between 1 September 2017 and 13 November 2017.

The agency did not have an effective system of monitoring the timings of calls made by staff. Staff signed in and out in a book at people's homes but the provider did not have access to real time information about call completion. There was also a risk that the provider would be unaware that a care worker had not attended a visit unless the person receiving care, or someone acting on their behalf, contacted the agency to let them know. Although missed calls were infrequent, the potential consequences of missed calls for some people were serious.

People felt safe when staff provided their care because their care workers understood their needs and any

risks involved in their care. Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe.

People told us staff maintained the security of their homes and said staff helped them keep their homes clean and hygienic. Care staff received training in the prevention and control of infection and people said staff wore appropriate personal protective equipment when providing personal care. Where people's care involved support with medicines, this was managed safely.

There was a contingency plan in place to ensure people would continue to receive their care in the event of an emergency. Accidents and incidents were recorded and reviewed to identify any actions that could be implemented to prevent a recurrence.

People were protected by the provider's recruitment procedures. The provider carried out checks to ensure they employed only suitable staff. Staff attended safeguarding training and understood their responsibilities in terms of recognising and reporting abuse

People's needs had been assessed when they began to use the service to ensure the agency could provide the care they needed. Staff had access to the induction and training they needed to carry out their roles. All staff had an induction when they started work, which included shadowing other care workers to observe how people preferred their care to be provided. Staff attended regular supervision with their managers which gave them an opportunity to discuss their training and development needs.

People's care was provided in accordance with the Mental Capacity Act 2005. People had recorded their consent to their care and told us staff asked for consent before providing their care on a day-to-day basis. Staff understood the importance of enabling people to make choices about their care.

People told us staff prepared meals they enjoyed and knew their likes and dislikes. People's dietary needs were discussed during their initial assessment and any needs related to nutrition and hydration were recorded in their care plans. Staff attended training in nutrition and hydration in their induction and had regular refresher training in this area.

Staff supported people to maintain good health and liaised with healthcare professionals on their behalf if they wished. People told us staff had responded appropriately if they became unwell, including calling emergency medical services if necessary.

People were supported by kind and caring staff. People had developed positive relationships with their regular care workers and enjoyed their company. They said staff treated them with respect and maintained their privacy and dignity when providing their care. Staff supported people to maintain their independence and people were encouraged to be involved in planning their care.

Each person had an individual care plan drawn up from their initial assessment which provided guidance for staff about the care they needed. People said they had been encouraged to participate in the development of their care plans and were confident that if they requested changes to their care plans their wishes would be respected. People were happy with their regular care workers and said they were well matched to their needs. Some people said contact with their regular care workers helped protect them from social isolation.

The provider had a complaints procedure which was provided to people when they began to use the service. Most of the people we spoke with told us they had not needed to complain, although all said they knew how to do so. People who had complained said they were satisfied with how the agency dealt with their

complaints.

The care people received was monitored by the agency's field care supervisors during regular spot checks. Field care supervisors also checked important aspects of people's care, such as medicines management and the written notes of the care provided. The provider had notified CQC and other relevant agencies of significant events when required.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

Some people's care workers often arrived late because staff had no time to travel between calls.

Some people regularly had their calls cancelled by the agency.

Staff understood any risks involved in people's care and took steps to minimise the risk of harm.

There were plans in place to minimise disruption to people's care in the event of an emergency.

People were protected by the provider's recruitment procedures.

Staff received training in safeguarding and understood their responsibilities should they suspect abuse was taking place.

Medicines were managed safely.

Staff maintained appropriate standards of hygiene in people's homes and followed appropriate infection control procedures when providing their care.

Is the service effective?

Good 

The service was effective.

People's needs were assessed before they began to use the service and regularly reviewed.

Staff had the induction, training and support they needed to do their jobs.

People's care was provided in accordance with the Mental Capacity Act 2005.

Staff prepared food that met people's dietary needs and preferences.

Staff supported people to maintain good health and responded appropriately if they became unwell.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

People had developed positive relationships with their care workers.

Staff treated people with respect and maintained their dignity.

Staff encouraged people to remain as independent as possible.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People received a service that reflected their needs and preferences about their care.

People had opportunities to be involved in planning their care.

Complaints were managed appropriately.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

When concerns were raised, action was not always taken to address the issues highlighted and improve the service people received.

The provider had not implemented an effective system to monitor whether staff arrived on time at their calls.

The quality of care people received was checked by field care supervisors to ensure it continued to meet their needs.

The provider had notified CQC of significant events when necessary.

Records relating to people's care were accurate, up to date and stored appropriately.

Assist Home Care

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The visit to the agency's office took place on 13 November 2017 and was announced. The provider was given 48 hours' notice of our visit because we wanted to ensure the registered manager was available to support the inspection process. Two inspectors carried out the office visit.

Four inspectors carried out visits and telephone calls to people using the service and care staff. We spoke with 20 people who used the service and three of their relatives to hear their views about the care and support provided. We spoke with seven care staff by telephone. We received feedback about the service from six social care professionals by email.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Before the inspection the provider completed a Provider Information Return (PIR). The PIR 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.

During our visit to the agency's office we spoke with the registered manager, the Operations Manager and two field care supervisors. We checked care records for five people, including their assessments, care plans and risk assessments. We looked at five staff files to check recruitment and training records. We checked surveys completed by people who used the service, the complaints log and records of accidents and incidents. We also checked quality monitoring audits and records of spot checks on staff.

Is the service safe?

Our findings

At the last inspection in October 2015 we found the agency did not always have sufficient staff to provide the services required. People told us that this meant that sometimes care staff were late arriving with them or they received different care staff. Some people highlighted occasions where the agency had cancelled their calls or changed the time or length due to insufficient staff. The care staff we spoke with raised the number of calls they were expected to cover within a certain time frame as an issue. Some staff said their calls were sometimes scheduled back to back, which meant they had no time to travel between calls. Care staff told us that they never left people without providing the care they required but said that they sometimes had to be creative in the way managed their time.

At this inspection we found this issue had not been satisfactorily addressed. Some people told us they could rely on their care workers to arrive at the scheduled time. For example one person said, "They have never let us down. We can rely on them completely" and another person told us, "They have never, ever missed a call and always arrive on time." However other people told us the agency regularly cancelled their calls, which meant they did not receive a reliable service. None of the people we spoke with had suffered harm as a result of their calls being cancelled but they told us they had to manage aspects of their own care or ask their relatives to support them. One person told us, "I've had two visits cancelled within the last two weeks." Another person said, "I had two cancelled over the last weekend. I managed okay." A third person told us, "They do ring if they're going to be late but there was a cancelled visit last week and I was told I would have to get my own lunch." A fourth person said, "It's just happened now. I always have the same person but the agency rang this morning to say they weren't available. I asked for someone else and they said no. I only need them here whilst I'm in the shower in case I fall but that means I can't have one today."

Many care workers reported that care visits were still scheduled back to back, which meant they had no time to travel between calls. This meant staff were under pressure to complete all their scheduled calls and that people's calls were often delayed or cancelled. One care worker told us, "I tend to start an hour early in the morning so I can do all my visits. I don't get paid but I'd find it very stressful if I didn't." Another care worker said, "There's lots of pressure to leave and get on to the next visit. We don't get allocated enough [travel] time. If we have to call an ambulance we can wait an hour or more. Then the next visit is put back or cancelled. Sometimes the client doesn't even get a call to say the call is cancelled." A third care worker told us, "There are a lot of cancelled calls. Last weekend I was called and asked to do two unallocated calls but I couldn't as I was visiting someone else. I don't think they got a visit. When the rosters are posted to us, we get them on Friday. They are supposed to tell us who we are visiting and when but by the end of Friday it can change five times some weeks. It's because there aren't enough staff to cover the visits."

We asked the provider for a record of all the calls that had been missed or cancelled by the agency the between 1 September 2017 and 13 November 2017. This information supplied by the provider showed that three care calls had been missed and that 170 calls had been cancelled by the agency during this period.

The lack of sufficient staff to meet the needs of people receiving care was a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe when staff provided their care. They said their care workers understood how their support should be provided and any risks involved in their care. One person told us, "We trust them. The lady who comes almost every day is fantastic. She is highly efficient and completely reliable. She is completely consistent in how she cares for me." Another person said, "I feel completely safe with them." The person told us they had required a hoist to mobilise for a period of time and that staff made them feel safe because they were careful and confident when hoisting them. A third person said, "I feel very safe with the staff, they are kind and never cause me any harm."

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe. These assessments considered any risks involved in moving and handling, medicines and the environment in which care was to be provided. One person told us, "The carers know me really well. I have Parkinson's which means I'm unsteady. The staff know all about this and when I'm at risk. They're really good."

People told us staff maintained the safety and security of their homes. They said staff were careful to leave their property secure when they left. The provider had developed contingency plans to ensure that people would continue to receive care in the event of an emergency, such as adverse weather affecting staff travel. Any accidents and incidents that occurred were recorded by staff, including a description of the incident, who was involved and what action was taken as a result. These records were reported to the agency's management team, who had taken appropriate action to reduce the likelihood of similar events occurring in the future.

People were protected because staff knew how to recognise and report abuse. Staff had attended safeguarding training and were clear about their responsibilities to report any concerns they had about potential abuse. They understood how to raise concerns if they suspected abuse, including outside the agency if necessary. One member of staff told us, "I would let the manager or CQC know if I thought abuse was going on." Another member of staff said, "We get [safeguarding] training and updates all the time."

People were protected by the provider's recruitment procedures. The provider carried out appropriate checks to ensure they employed only suitable people. Prospective staff were required to submit an application form detailing their qualifications and employment history and to attend an interview. The provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Where staff supported people with medicines, this was managed safely. People told us their care workers provided the support they needed to take their medicines as prescribed. One person said, "They do all my medicines and order and collect it as well. They have never let me run out." A relative told us, "When we asked if they could do his medication they agreed to do that no problem. Every day they write in the book what they have done including the medication." Staff responsible for administering medicines had been trained in this area and their competency and practice was assessed by the provider during spot checks. People whose care involved support with medicines had a medicines administration record in their home, which was maintained by staff. Medicines administration records were audited by field care supervisors to check that people were receiving their medicines safely.

People told us staff helped them keep their homes clean and hygienic. They said staff wore appropriate personal protective equipment when providing personal care. Care staff received training in the prevention and control of infection in their induction and had access to refresher training in this area. The care staff we spoke with understood their responsibilities regarding infection control and of the importance of

maintaining a hygienic environment for the people they supported.

Is the service effective?

Our findings

People's needs were assessed before they began to use the service to ensure the agency could provide the care they needed. Assessments identified any needs people had in relation to health, mobility, communication, nutrition and hydration, medicines and personal care. Each person had an individualised care plan based on the needs identified during their assessment.

Staff had access to the induction and training they needed to do their jobs. Staff attended an induction when they joined the agency, which included shadowing established care workers. One member of staff told us, "The induction was good. I had one week's shadowing before I worked on my own." The registered manager told us that the shadowing and induction period was flexible depending on each care worker's progression. The registered manager said either the care worker or the provider could request that this period be extended if necessary to ensure the care worker had attained the level of competency required for their role. The provider's PIR stated, "Our induction training includes recognising and managing abuse, whistleblowing, MCA, monitoring, managing changes in clients and why good communication and accurate recording and reporting are important."

The registered manager told us that all new staff were expected to complete the Care Certificate when they joined the agency if they had not already done so. The Care Certificate is a set of nationally recognised standards that health and social care staff should demonstrate in their practice. The provider's PIR stated, "All care staff complete in depth classroom and field induction training in line with the new Care Certificate before they are deemed competent to deliver care."

The provider employed an in-house trainer and had access to on-site training facilities, including equipment used in moving and handling. The registered manager told us that additional training in areas such as stoma care and enteral feeding tube management could be provided by healthcare professionals if necessary. Staff told us they received the training they required to meet people's individual needs and regular refresher training. One member of staff said, "The trainer is brilliant and we do get regular updates." A social care professional told us, "I am aware that there is on-going in house training." The provider's PIR stated, "All care staff attend in-house annual refresher training in Moving and Handling, Health and Safety, Fire Safety, Infection Prevention, Safeguarding Adults, Medication, First Aid, Food Hygiene, Dementia Awareness, Reporting and Recording and Nutrition and Hydration."

Staff were supported through regular one-to-one meetings with their managers. The provider's PIR stated, "All staff receive quarterly formal supervisions and annual appraisals." Staff told us supervision sessions were useful opportunities to discuss any support or further training they needed. One member of staff said, "I do get supervision, I can say what's on my mind."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People's care was provided in accordance with the MCA. People told us staff always asked for their consent before providing their care. They said they had been asked to record their consent to their care and we saw signed consent forms in people's care records. One person told us, "They always ask for my permission before they do anything." Another person said, "I make my own decisions. The carers wouldn't interfere, I know that." Staff respected people's rights to make decisions about their care and to live their lives as they chose. One member of staff told us, "It's their life and their home. They should be able to do what they want; we're here to help them do that."

People who received support with meals were happy with this aspect of their care. They said staff prepared meals they enjoyed and knew their preferences regarding the food they ate. Relatives told us that care workers knew their family member's preferences about the food they ate and any dietary restrictions. People's dietary needs and preferences were explored during their initial assessment and any needs they had in relation to nutrition and hydration were recorded in their care plans. Staff attended training in nutrition and hydration in their induction and followed healthcare professionals' guidance where necessary to meet people's needs.

The feedback we received from social care professionals indicated that the agency worked effectively with them in planning and delivering people's care. One social care professional told us, "Assist are usually one of my preferred agencies as most of the managers I speak to are approachable and contact me if there are any problems." Another social care professional said, "I have a good working relationship with the team leaders. [Field care supervisor] particularly is very proactive in ensuring that the support plans meet clients' needs and reporting both when care time is too short or too long."

Staff monitored people's healthcare needs effectively and responded appropriately if people became unwell. People told us their care workers communicated with healthcare professionals on their behalf if they wished and some people said their care workers accompanied them to appointments. One person told us, "They called a doctor for me once when my back was hurting." A social care professional reported, "If they have any concerns regarding a service user's health they will contact their GP or phone paramedics."

Is the service caring?

Our findings

People said the care workers who visited them were kind, caring and compassionate. They told us they had developed positive relationships with their regular care workers and enjoyed their company. One person said, "The girls are all lovely, there is not one who I do not like. I have a dedicated worker who is really lovely." Another person told us, "I'd give them ten out of ten. They are lovely, brilliant, selfless, all the positive words you can think of, that's them." A third person said of their regular care worker, "She has become like a friend to us, she's marvellous."

People told us that their care workers were helpful and willing to do whatever they could to assist them. One person said, "The girls always do anything I ask of them, they go out of their way to help me." Another person told us, "They will do anything for me, they are dedicated caring people." A third person said, "The two regular girls are so helpful and kind, they cannot do enough for me."

People said their regular care workers knew their needs well and understood how they preferred their care to be provided. They told us their care workers treated them with respect and maintained their dignity when providing their care. They said their care workers always made sure their privacy was respected. One person told us, "The girls really do respect me, they are excellent." Another person said, "The girls are absolutely respectful in so many ways." A third person told us, "The girls make sure the doors are closed when they help me, even if there is no one else in the flat." The results of the satisfaction surveys carried out in 2016 and 2017 confirmed that people felt they were treated with respect.

People told us they felt valued by their care workers and that they were treated as individuals. They said their religious and cultural needs were known and respected by staff. Relatives confirmed that care workers were respectful of their family members' wishes and maintained their privacy and dignity. A member of staff told us, "I think our service is very person centred. We always treat people as individuals." People reported that their care workers ensured they felt comfortable and at ease when their care was being provided. One person told us, "I always thought I'd be nervous about having care but they make me feel so comfortable."

Most people told us that staff had time to chat with them during their visits and said this was important to them. People said that, even though staff were busy, their care workers made time to answer any questions they had and to provide any information they needed. One person told us, "I think the staff are very caring. They make me feel that I matter, I can't fault them in that respect, they are very considerate."

A social care professional praised the support provided by the agency to a person whose behaviour challenged staff delivering their care. The social care professional told us, "[Field care supervisor] and her team worked with a client that at times was abusive including physically – they understood that the client was angry because she needed care and occasionally took these frustrations out on the care providers. They managed the situation very sensitively and enabled this person to remain in her home until her recent death. I am very grateful for their dedication and tolerance."

People were encouraged and supported to maintain their independence. One person told us, "The girls let

me do as much as I want to do; it helps me to keep my independence." Another person said, "It is important to me that I am able to maintain my independence and the girls help me do that." Staff told us they supported people to manage aspects of their care where they were able to do so. One care worker said, "If someone can do something for themselves, we will encourage that." The satisfaction surveys carried out in 2016 and 2017 indicated that people felt their independence was promoted and encouraged by staff.

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. People were issued with a statement of terms and conditions when they began to use the agency which set out their rights and the service to which they were entitled. The provider had a confidentiality policy, which set out how people's personal information would be managed.

Is the service responsive?

Our findings

People received a service that reflected their needs and preferences about their care. Each person had an individual care plan drawn up from their initial assessment. Care plans were personalised and contained guidance for staff about how to provide the care people needed in the way they preferred. The plans outlined what people could do for themselves and in which areas they needed support. Some people showed us the care plans that were held in their homes and told us the plans reflected their wishes and preferences about their care.

People had opportunities to be involved in planning their care. We saw that people and their relatives had been encouraged to participate in the development of their care plans. People said they had been shown their care plan when they began to use the service to check they were happy with its contents. One person told us, "At the beginning they went through everything in the care plan to make sure I was happy with it." People said they were confident that if they needed changes to their care plans their wishes would be respected. One person told us, "I could ask for changes to my care plan if I wanted to."

People said that the agency had asked them at the start of their care package whether they had a gender preference for their care workers. For those that expressed a preference, this was respected. One person said they had requested male staff wherever possible and this was nearly always facilitated. People's care plans were reviewed regularly to ensure they continued to reflect their needs. People and their relatives said they were encouraged to participate in these reviews and their views were listened to. A member of staff told us, "The support plans are reviewed regularly with people and their families, if they're involved."

In addition to recording their needs, people's care plans contained information about their personal histories, which enabled staff to understand their life experiences including family, education and employment. The staff we spoke with knew the people they supported well, which meant they were able to engage with people about their experiences, hobbies and interests. People told us that when they were allocated a new care worker, the care worker was accompanied by a member of staff who knew them well. People said the new care worker provided their care initially with the established member of staff to ensure they developed an understanding of how they preferred their care to be provided.

Most people told us they received their care from a group of regular care workers, which they said was important to them. All the people we spoke with were happy with their regular care workers and said they were well matched to their needs. Some people said their regular care workers played an important role in protecting them from social isolation. One person told us, "My regular carers are a really good match for me. We really do have a laugh together and as I don't get many opportunities to socialise, this is really important to me."

The provider had a complaints procedure which set out how complaints would be managed and investigated. This was provided to people when they began to use the service. Most of the people we spoke with told us they had not needed to complain, although all said they knew how to do so if necessary. They said they were aware of the provider's complaints procedure and how to access it if required. One person

told us they had never complained but were confident their concerns would be listened to if they did. The person said, "I know I would be listened to and taken seriously."

The provider's PIR stated the agency had received ten complaints in the previous 12 months. People who had complained or raised concerns told us action had been taken as a result of these. One person said, "[Field care supervisor] is supportive of me and does act on things I say, especially when I had concerns about staff." Two social care professionals told us they had made complaints about the agency, which the agency had investigated and responded to appropriately and in a timely manner.

Is the service well-led?

Our findings

The management of the agency was not always effective and did not ensure people received a well planned service. When people who used the service or staff highlighted concerns, action was not taken at management level to address the concerns raised and improve the service people received. Some people reported that the agency's communication with them was poor, for example if their calls were delayed or if a different care worker was carrying out their calls.

At our last inspection in October 2015 we found that care staff were not always allocated travel time between their calls, which meant they were frequently late. This remained the case at this inspection, with several staff reporting that they were required to carry out back to back calls with no allocated travel time. As a result care staff were placed under unreasonable pressure and people regularly received late calls.

Some of the people we spoke with during this inspection confirmed that these issues had not been addressed. Four people told us they consistently received late calls and said they were not always contacted to inform them staff were running late. One person told us, "The carers are fine but they're run ragged. They arrive late sometimes and are really apologetic but it's not their fault. I know they're not given time to travel to get to me. It's a disgrace." Another person said, "The carers are lovely but there are always roadworks or delays so they can be late arriving. I get the impression they're run off their feet." A third person told us, "I'm supposed to get a call around 11.30am but it's been slipping lately. They don't always let me know they're running late."

People and staff were asked to provide feedback about the agency through annual satisfaction surveys but when concerns were raised, these were not addressed. In the 2016 survey 60% of people reported that they always knew which care staff would be visiting them. Almost a third of respondents were not satisfied with the outcome when contacting the agency's office. The provider's PIR acknowledged that the 2016 surveys had identified that the agency's communication with people needed to improve when the care worker allocated to carry out their calls changed. However there was no evidence the provider had taken effective action to address this issue as people continued to report they were not informed when a different care worker would be visiting them. The PIR stated, "Our last customer quality assurance audit in September 2016 highlighted that we need to improve our communications with clients when we change a care worker at the last minute due to staff absence or unforeseen circumstances. This is a problem. Although all members of the coordination team are instructed to notify change of care worker, regardless of circumstances, to the client as soon as possible and to log the communication on the client's computerised journal there are occasions when clients do not clearly understand this communication."

Concerns raised in the 2016 surveys regarding late and cancelled calls and poor communication were also expressed in the 65 surveys completed in October 2017. For example one person stated they had had, "Six visits cancelled in two weeks." Another person stated, "Today I was phoned to say they couldn't send anyone." A third person wrote, "Times are changed without letting me know." A fourth person said, "Sometimes visits are changed and we are not advised." A fifth person wrote, "Not called when carer going to be late." A sixth person said, "Timings are changed without notification." A seventh person told the

provider, "On a few occasions, the office didn't inform me that the call had either been halved or cancelled. The only reason I find out it was cancelled was when I rang the office."

At our last inspection care staff expressed to us that they did not feel listened to by the office if they highlighted issues that affected them. At this inspection we found that concerns raised by staff had not been addressed. Most of the staff we spoke with told us they were not always allocated travel time between visits and that, as a result, they were frequently late for their calls. Staff told us they had raised this issue with their managers and in staff surveys but no action had been taken to address it. We saw that nine staff had returned surveys in 2017, a third of whom stated there was insufficient travel time between visits to enable them to complete their calls on time.

The provider had not implemented an effective system to monitor whether staff arrived on time at their calls. The registered manager told us that staff signed a book at people's homes when they arrived and signed out when they left. This meant the provider did not have access to real time information about call completion. There was also a risk that the provider would not know a care worker had not attended a visit unless the person receiving care, or someone acting on the person's behalf, contacted the agency to let them know. Whilst missed calls did not occur often, the potential consequences for some people if staff did not attend their visits were serious. For example the local authority notified CQC in October 2016 that a person had been left for 18 hours without hydration as a result of a missed call.

Failure to operate an effective system to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst some people told us the communication from the agency's office was poor, others said they were happy with the way the agency communicated with them. One person told us, "They communicate well. They keep us informed." Another person said, "I think the communication is okay. The office will ring me if there are any changes. I think it works well." A social care professional told us, "I find all office staff approachable and field care supervisors and manager respond quickly and appropriately when problems are raised."

People told us the care they received was monitored by the agency's field care supervisors. They said they received telephone calls and visits to check they were happy with the care provided. One person told us, "The supervisor pops in now and again to check we are happy with things and everything is running smoothly." Field care supervisors carried out spot checks to observe staff practice and the manner in which staff engaged with the people they supported. A social care professional told us the checks carried out by the agency's field care supervisors were valuable in ensuring that people received care that met their needs. The social care professional said, "Generally, my clients report positive experiences of the care they receive. Field supervisors monitor the care and work alongside staff, they are very experienced and show good understanding and compassion."

Field care supervisors also checked key aspects of the service, such as medicines administration and the recording of care provided. The provider's PIR stated, "Field care supervisors audit medication delivery and follow up when errors occur and where necessary provide staff training." Records we checked in the agency's office relating to people's care were accurate, up to date and stored appropriately. Staff had received training in recording and reporting and the records they kept were monitored by field care supervisors. The provider's PIR stated, "Records in log books are counterchecked regularly and discrepancies investigated." The provider was aware of the requirement to notify CQC of significant events, such as serious injuries or safeguarding concerns, and had done so when necessary.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had failed to operate an effective system to assess, monitor and improve the quality and safety of the service.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person had failed to deploy sufficient numbers of staff.

The enforcement action we took:

We served a Warning Notice.