North Tyneside Metropolitan Borough Council

North Tyneside Council 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?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This announced inspection took place on 23, 24, 26 June and 6 July 2015. We last inspected the service in November 2013. At that inspection we found the service was meeting all the regulations that we inspected.

North Tyneside Council Domiciliary Care Agency is a free short term enablement service split into four area locations across North Tyneside. The service provides personal care and support to people in their own homes, often following a discharge from hospital or referral from primary care services and usually lasting six weeks on average. At the time of the inspection support was provided to 170 adults living in their own homes. We were aware that these figures will fluctuate due to the nature of the service. We were shown documents that reported 1665 referrals being received during 2014 to date.

Summary of findings

The service had 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.

Medicines administration records and medicines risk assessments needed to be improved. We have made a recommendation.

People told us they felt safe. There were safeguarding policies and procedures in place. Staff knew what actions they would take if abuse was suspected. The provider had dealt with previous safeguarding concerns appropriately.

Accidents and incidents were recorded and dealt with effectively by the provider. Where issues (including complaints) had occurred, actions had been taken and lessons learnt.

The provider had plans in place to deal with emergency situations and provided an out of hours on-call system, manned by senior staff. Plans were also in place to continue care delivery in the event of adverse weather conditions.

There was enough suitably recruited and vetted staff to provide quality care to people in their own homes. The provider had ensured the staff were trained to provide the care people needed. This included basic training, as well as more specialised training using healthcare professionals when required.

The registered manager understood the requirements of the Mental Capacity Act 2005 and told us no one was subject to a court of protection order. People were encouraged to make their own decisions and where they could not, best interest decisions were made.

Some people received support with eating and drinking as part of their care package. People were provided with meals they had chosen and preferred and staff ensured drinks were left between visits for people if they required them.

Staff provided equipment for people to use in their own homes, like perching stools or shower seats.

People told us the care provided by the staff was second to none. They described it as 'outstanding and superb'. Staff provided people with information that enabled them to understand the service they were receiving and how to complain if they needed to. There had been two complaints and they had been dealt with effectively. People told us their independence was restored by staff at the service who had supported them.

People were assessed and care plans were drawn up. When people's changing needs were identified, they were discussed and support was tailored to suit the individual.

People and staff told us the service was well managed. A range of checks were made to ensure people's care was monitored and the quality of the service was maintained and improved upon. People were asked for their views of the service through the use of questionnaires. Comments about the service were significantly positive.

The provider had not sent us notifications which are a legal requirement of their registration regarding, for example safeguarding incidents and deaths.
After requesting further information we have judged these latest findings to demonstrate on going breaches of regulations. We have taken enforcement action against the provider and the registered manager and will report further when this action is complete.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Medicines risks assessments and recording of medicines ready for administration or prompting needed to be reviewed.

People told us they felt safe and supported. Staff had received training in relation to safeguarding adults and said they would report any concerns. Risk assessments were in place regarding working with people in their own homes.

People were protected by robust recruitment procedures. There were enough staff and the provider had a long established staff team with no new comers for many years.

Requires improvement

Is the service effective?
The service was effective.

People told us staff had the correct skills and training required to support them. Staff received regular training and development and there was a system in place to ensure this was up to date. Staff received regular supervision and appraisals and documents supported this.

Managers and staff were aware of the Mental Capacity Act 2005 and how to apply this to the people in their care.

People told us staff supported them to access food and drink in order to remain healthy and also to access additional healthcare if they needed it.

Good

Is the service caring?
The service was extremely caring.

People were highly complementary of the service and its staff and said that the care they provided was very good.

People were supported to restore their independence and retain the privacy and dignity. They were consistently treated with respect.

Outstanding

Is the service responsive?
The service was responsive.

People's needs had been assessed and care plans were in place. When people's needs changed, they were discussed and alterations made to their plan of care.

Staff supported people to feel less socially isolated and people told us they appreciated that.

There were two complaints in the last year and hundreds of complements had been received.

Good

Summary of findings

Is the service well-led?

The service was not always well led.

The registered manager had not sent in notifications as legally required.

A range of checks were made to ensure people's care was monitored and the quality of the service was maintained and improved upon. People were asked for their views of the service through the use of questionnaires. Comments about the service were significantly positive.

Staff enjoyed their jobs and felt well supported by their line manager and registered manager. They worked well as a team and the atmosphere in the service was supportive.

Senior staff held regular meetings to ensure staff were kept up to date. Senior managers held meetings with colleagues and partners to ensure the service was in touch with local issues and responsive to any changing needs or local developments.

Requires improvement

North Tyneside Council 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 23, 24, 26 June and 6 July 2015. We gave 48 hours' notice of the inspection because we needed to seek permission of people who use the service and let them know that we would be calling them by telephone or visiting them in their own homes. We needed to be sure people would be in to access records. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience supported the inspection by telephoning people in their own home to gain their experiences of care and support being provided.

Before the inspection, the provider completed 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 other information we held about the home, including checking to see if we had received any notifications from the provider about serious injuries or deaths. We contacted staff at the local authority safeguarding team and the local Healthwatch. **Healthwatch** is an independent consumer champion which gathers and represents the views of the public about health and social care services. We spoke with healthcare professionals involved with the service; including occupational therapists, staff at the community alarm service, hospital avoidance teams and local community services that had knowledge of this service. We used their comments to support our planning of the inspection.

We spoke with 38 people who used the service and 10 family members/carers. We always asked for people's permission to observe care being given by staff. We also spoke with the integrated services senior manager, the registered manager, four locality leads, one senior scheduling officer, two rehabilitation officers, one administrator and 13 members of care staff. We also spoke with the integrated services co-ordinator and the programme manager for integrated care for older people who both provided us with analysed data from the service. We observed how staff interacted with people and looked at a range of records which included the care and medicines records for 20 people who used the service, 10 staff personnel files, health and safety information and other documents related to the management of the service.

Requires improvement

Is the service safe?

Our findings

We asked people if they felt safe when receiving care and support from the care staff at the service. Comments from people included, "I feel very safe with them"; "They're smashing"; "They are wonderful"; "I have no worries whatsoever on that score" and "They were very good, they arrived on time and helped me get a shower, or a wash, I felt really safe and comfortable with them".

Some people were supported with their medicines, as part of the overall care package. People told us they had received their medicines on time with no problems. However, during our inspection we found some areas for improvement in the management of medicines and have made a recommendation.

While visiting people in their own homes, in all cases we saw that staff ensured the person had taken their medicines completely before recording this on a Medications Administration Record (MAR). We spent time looking at the MARs and found staff had recorded when medicines had been given. Where people had refused a particular medicine, this had been recorded accurately and a detailed comment had been made in daily notes. We noted, however, that MAR records did not list all medicines individually. Where medicines had been delivered in pre-packed containers (called blister packs), the MAR entry simply recorded this as 'blister pack'. This meant that when staff gave people their medicines there was no check made to confirm if the medicines in the 'blister pack' were as prescribed and that the pharmacist had pre-packed the correct medicines.

One person that we visited used Betnovate cream for what they described as an 'itch'. Betnovate is a steroid and should only be used as prescribed. We noted that the cream was marked on the MAR but had no instructions as to where or when it should be applied. Staff confirmed they had helped the person to apply the cream to their back. Information regarding this medicine was not in the care plan so we were unable to confirm if the cream had been applied to the correct area, although the person confirmed that staff had followed their instructions.

People had risk assessments in place for medicines, but we felt these needed additional more specific detail. For example risk assessments for medicines that we saw all stated, 'carers to be aware, careful and vigilant'; 'refer to safety at work booklet provided by homecare on safe handling of medicines and needlestick injuries' and 'follow training recommendations'. We also noted that medicines care plans, where used, needed more detail. We spoke with the registered manager about this, who said she would address these issues starting with higher priority cases first.

Records showed that medicines training had been carried out and all of the staff we spoke with told us that they were happy with the medication training they had received. Observation of staff who supported people with their medicines took place to ensure staff followed correct procedures. One member of care staff told us, "[Locality lead] watches how I go about my work – I was told it may be better to do something a different way, and that is fine, as it's about getting better at what you do." The registered manager told us that the current medicines policy was being reviewed and once the policy was updated to include any issues identified, she would arrange refresher training for staff.

Staff had received training in safeguarding and whistleblowing and knew how to follow the correct procedures and report any concerns they had. Staff knew how to identify any safeguarding concerns and were able to tell us potential situations where this could happen. We found there had been previous safeguarding concerns raised by some staff and these concerns had been dealt with appropriately and referred to the correct authorities for action. One staff member said, "It's difficult if you see anything like that, but it's our duty to report it." The registered manager confirmed that safeguarding refresher training with the local authority training team was up to date.

Accidents and incidents were recorded on the provider's electronic recording system. Any occurrences were reviewed for any actions to take and if lessons could be learned from such events.

Risk assessments were completed for every person entering the service. This included risks to the person and to staff, for example, moving and handling and lone working. Risk assessments also included those for household appliances, smoking, pets and cross infection.

Staff told us they were able to contact senior staff for advice at any time. One staff member said, "We have office contacts and use them if we need help." Staff told us locality leads or other senior staff took turns to be on call

Requires improvement

Is the service safe?

throughout the operational hours of the service. The provider's emergency contingency plan was available. The plan was designed to ensure people would still receive the care provided by the service if any type of emergency occurred. It would be activated in the case of a computer system failure or in bad weather conditions when staff travel arrangements may be affected.

Staff told us the provider tried to keep them safe at the same time as monitoring calls. They explained that they had to log into the providers electronic monitoring system as soon as they arrived at a person's home and log off when they left. The senior scheduling officer explained that office staff monitored visits being made to people in the community. If a visit was not logged into the system this would alert them to a missed call and they would investigate further.

There was enough staff employed at the service. The registered manager told us there were currently 20 care workers in each location, and each of the locations had a lead officer. Although care workers were split into teams they used the teams' resources flexibly to meet the demands on the service. Staff worked on a three week rota system which was sent out to them a week in advance. Any changes to that would be agreed separately and implemented via the scheduling officers. Staff were paid for travelling time and this was included in their contracted hours. Staff who had no calls to attend were deployed in other local authority services to support their work while they waited for their next scheduled visit. When we accompanied staff during their care calls, they took their time and did not feel under pressure to rush and leave early for the next person on their list. Staff explained that if something occurred, for example an accident, they would ring the office and alternative staff would be arranged to pick up visits they had been expected to make.

We reviewed the number of missed calls that the provider had logged on their system and found that there had been 49 during the period 2014 to date. These had all been investigated and the majority that had been recorded as missed, were in fact caused by telephone failures when logging on by staff or by calls being made slightly later than recorded. One person told us, "I've never know them to be late, they're usually early." None of the people that we spoke with had concerns over missed or late calls.

The provider had a recruitment policy and procedure in place. We found appropriate checks had been undertaken to ensure staff were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Staff records confirmed potential employees had to complete an application form from which their employment history had been checked. Suitable references had been provided and taken up in order to confirm this. Eligibility checks had been carried out and proof of identification had been provided. All of the current staff had worked with the provider for many years. There had been no newly appointed staff for many years. There was a steady workforce in place, so this meant people experienced continuity in the care and support they were provided.

When we visited people in their own houses we saw that staff used aprons and gloves while providing personal care. We attended a staff meeting in the community and noted that the locality lead had brought a supply of this type of equipment for staff to take. One person told us, "They also cover up before seeing to me [use gloves and aprons]."

We recommend that the provider considers best practice in the management of medicines.

Good

Is the service effective?

Our findings

One person told us, “The girls are all very nice, they know exactly what they are doing and do it well.” Another person thought that the staff seemed well trained and had lots of experience.

The relative of one person told us about the progress that their family member had made with support from the provider. They said, “[Person’s name] is getting better and feeling much more independent because of the staff here. They’re recovering well and feeling positive, it’s superb what the carers have done.” Another person who was recovering from an operation said, “I couldn’t ask for more. I’ve improved so quickly because the re-enablement team is encouraging and so friendly. They know exactly how to push me so I can make progress with my walking.”

We spoke with staff from all areas of the service based within the office, including scheduling, administration and rehabilitation. We tracked people from entering the service to forward transition to other services and overall, found the transfer was effective and very well coordinated. The current electronic system, in place to monitor calls and visits, was being discussed with the intention of replacing it with a more up to date and effective version. The registered manager told us, “We want to ensure we get the right one though.”

One care worker told us that they had undergone specialist training to be able to work with teenagers. They said, “Obviously there are strict rules about safeguarding with younger people so we get a lot of support about that if we look after teenagers.” Another member of staff told us, “The colostomy training was very good, it was a very interesting and new opportunity. I’ve also been trained in using PEG feeds which was excellent.” A PEG is a medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. One care worker told us, “The end of life care training was all about paperwork. It was useful but we could have used some more practical information. We [team] fed this back to our manager and we’ve been told that more practical training is being organised soon.” We saw copies of training schedules and records maintained in staff training files. Training was monitored to ensure mandatory training was completed and any refresher training was organised.

We found that staff were supported through regular meetings and supervision sessions with their line managers and also received annual appraisals which further focussed on staff development and objective setting with staff fully participating. One care worker said, “The supervisions are great because they’re a chance to find out how you’re doing and to tell your manager what you want.” Supervision records had specific topics that were covered, including standards of behaviour, personal development and work life balance.

Staff had made appropriate contact with healthcare professionals when the need arose to seek further advice or guidance. For example, one care worker told us about a new service and said, “We have a great relationship with the Care and Connect service in Wallsend. They provide social opportunities for isolated people and we as carers can refer people directly into it.” Another member of care staff said, “Social workers are easy to get in touch with most of the time and we have a good relationship with them; it helps us to make sure the care we provide is personalised as much as possible.”

We found that care staff used detailed daily logs to record any changes in a person’s needs, condition or behaviour. This log was also used to record the type of care and support provided and whether planned tasks had been completed, such as if the person had consented to a shower or if they had eaten a full meal. Care staff used an ‘alert’ record to communicate any urgent messages to each other, such as when a person’s relative had accidentally given someone incorrect medicines. This information was also passed through to the locality lead for them to take further action if necessary, for example, a referral to the safeguarding team. The care staff told us that this system worked well and that it was especially useful if a person received care from different staff.

When care staff worked together, we saw that they communicated well with each other to ensure care was coordinated and safe. For example, while helping someone to get out of bed, two care staff confirmed with each other that they were using the correct straps and hoist, and made sure they were both ready before performing the move. This open manner of communication was also used with people during their personal care. For example, when helping a person out of bed, a member of care staff reassured the person by telling them what they were going to do and why. The care staff also asked the person for

Good

Is the service effective?

consent to continue before proceeding. People told us the service was explained to them and information about the service was available in their care folders. People's records confirmed that consent had been formally received, either verbally or otherwise.

The registered manager told us no one currently using the service was subject to any restriction of their freedom under the Court of Protection, in line with the Mental Capacity Act 2005 (MCA) legislation. Staff understood the concept of ensuring people were encouraged to make choices where they had capacity to do so, or to be supported through the best interest decision making process, which was detailed on people's records. Staff told us most people they supported had capacity to make their own decisions, although they did support some living with the early stages of dementia. Staff were aware of the need to consider different methods to fit with these people's needs. Staff had not received specific training in this subject other than elements covered in other training courses. They told us that courses were being sort for the near future.

One person preferred to do their own cooking but were not able to do so safely. We saw that initially the person was resistant to help from the care worker and somewhat anxious. The care staff were able to use gentle and positive encouragement to help the person relax and choose what they wanted for lunch. We found this was an effective approach in helping them enjoy a meal that they wanted, in their own time. People told us staff supported them to access food and drink, where necessary. We saw some care plans included actions for staff to prepare meals and drinks and make sandwiches and refreshments available for times when no staff were present.

Staff had received training in the use of equipment. People told us they had been provided with specialist equipment to enable them to move around their homes and gardens and carry out everyday tasks without assistance. They all said they had been given help and instructions on how to use the equipment and had been given a choice of which equipment they felt was more appropriate for them. The equipment had included, perching stools and shower/bath seats. Perching stools help people to rest if they were unable to stand for long periods of time.

Outstanding ☆

Is the service caring?

Our findings

People had very good relationships with care workers because levels of trust and confidence had been built upon. Staff were seen to be extremely caring in their approach. One person told us that the staff often did "little extra things" for them. One person described how staff had brought them a pair of their son's old trousers free of charge because theirs were too big. All the people that we spoke with said that the care staff were very pleasant and very friendly. Some said they were more like friends, or part of the family. Other comments from people included, "[Care workers name] is outstanding, I love him visiting"; "Like to thank [staff name], if it was not for him dad would be in a right state"; "Staff do anything I ask, nothing is ever too much trouble"; "I am very comfortable with the carers, they are friendly and talkative"; "They are very caring and a good help when they are here"; "They showed me great respect and kindness at all times, they treated me as if I was one of their own" and "That service is superb, that's all I can say."

Many people told us they had received more help from the provider than they had expected. One person described how they had come out of hospital and staff attended their home almost immediately. They said "Staff did everything they said they would do and more."

The provider and staff cared about people living safely in their own homes. We saw that referrals had been made to the fire service where people were in need of smoke alarms or other equipment to support them. We were told that 75 referrals had been made in 2014 and 34 in 2015.

We examined many questionnaires that people had completed with positive comments, including from one person, "I would like to offer my heartfelt thanks to you and your wonderful team for all the care and kindness I have been given. Every one of them are great and if I could, they would all get a medal from me" and "I bless the day I phoned for your help."

We saw a copy of a letter which had been sent in from the relative of a person receiving care. The letter stated how impressed the relative had been with the level of care their parents had received and praised the staff for their caring and responsive approach; commenting on how brilliant the staff were and that they maintained their parent's dignity and respect at all times. Other relatives said, "The care, especially the personal care, is superb"; "You cannot fault them [staff], they are very good" and "We have really appreciated the wonderful support this service has given my mother."

People told us they would (without hesitation) recommend the service to family, friends and people they knew.

We saw people were supported to get additional help to promote their wellbeing. People told us staff supported them to contact their GP if they were not well. One person said, "I was not feeling too good and one of the girls phoned my GP for me" and "It was just as well as I got rushed into hospital that time." Healthcare professionals told us that people responded very well to the support they received and the service aimed to get people back to independent living as soon as possible. They also told us, "The staff are very flexible, they tailor their work to the patient's needs."

When providing personal care, we saw that care staff had a good understanding of how to ensure people's dignity and self-esteem, including supporting their independence when the person indicated they preferred to look after themselves. People told us they were very happy with the care staff who encouraged them to carry out tasks on their own. They felt that their encouragement had helped them to return to normal health and independence. One person said, "I was very happy with the carers, they encouraged and gave me the confidence to manage by myself again" and "They encouraged me towards my recovery."

People told us that the staff always explained everything to them. We saw in people's homes that the provider had given information about the service and details of how to contact them. One person told us that a "supervisor" had called to see her and explained her care plan. Another person said that the staff had explained to her what would happen when their service finished and if she still needed further help. The majority of people told us they had been involved in their care planning throughout the time they were using the service.

People's care records held information on how to obtain help from other sources and the provider's office stocked information for staff on advocacy arrangements in the local area. An advocate is someone who represents and acts as

Outstanding ☆

Is the service caring?

the voice for a person, while supporting them to make informed decisions. Staff told us that if people needed help with advocates they would point them in the right direction.

An innovative approach to forward planning people's care needs had been taken by the provider. The service had employed a member of staff in what was described as a brokerage position, to work with people who still required further care at the end of their term of support with the provider. Their role was aimed at liaising with other agencies and the person's social worker to help locate a suitable service for the person to transfer over to. We were told that the role was a short term position but if it worked well it was hoped it would continue. We were told that initial reports have shown that the additional post is working well.

Good

Is the service responsive?

Our findings

Staff explained to us that sometimes people were referred to the service very quickly after discharge from hospital and they needed to respond immediately. We accompanied a member of staff to conduct a first visit to a person who needed an assessment of their care needs and wellbeing. This involved asking a number of questions. The care worker took the time to speak with the person as an individual, with dignity and respect. This enabled the staff member to assess the person's mental health and personal care needs accurately and in a way that included the person in the process. We talked with the member of staff about this. They said, "Well, everything we do is about the people. So we talk with them in the most appropriate way we can, knowing that each person is an individual and that some people might not like answering personal questions."

When we visited people in their own homes we saw in one case that staff were using a moving and handling procedure to help a person that differed from the person's care plan. We saw no evidence than an update of planned care had taken place for some time. We talked with a care worker about this. They said. "[Person's name] had an operation two weeks ago which is why we're using a different moving technique. I don't know why the care plan hasn't been updated." We spoke with the registered manager about this and they had the records updated during our inspection. We saw that other people's records were updated regularly and as needs changed.

Staff attended weekly meetings to discuss people progress. People told us that as their health improved their support decreased to take that into account. Other people also told us that they had needed additional support from time to time over the period the service had been provided, and this was implemented quickly with no problems.

We found that the majority of care plans were more task based rather than person centred. One person, who received personal care for an extended period, had no information recorded in their care plan on what procedures staff should follow while performing this type of support, for example; to use soap or wet wipes and how the person liked to be supported. We asked staff how they knew how to support people and what they needed to do; they told us that they knew the person very well. Although we found some written information lacking, we established that people still received appropriate care that met their needs. We saw this for ourselves and people confirmed it. We discussed the lack of written information on people's care plans with the registered manager who said she would review these documents.

Staff were aware of people feeling isolated and lonely in their own homes and within the local community. Everyone we spoke with told us they enjoyed staff visiting them and especially the conversations they would have. One person said, "They [staff] are the only people I see all day." A care staff member told us, "I feel humbled by how lucky I am, some of the people I see have no one else but us to talk to them." They also said, "I often get the whole life story, but it's great."

We accompanied a care worker who supported a person by working with them to improve their mobility, after a period of illness. The staff member walked with the person around their local area. During the walk we saw that the person felt safe and comfortable with the member of staff, freely talking with them and enjoying the experience. The person said, "It's so nice to be able to get back out and about again. I couldn't have done it if it wasn't for [care worker's name]. I feel very safe with them and know that they know what they're doing."

The registered manager explained that the service strived to bring in new and innovative ideas to fill any gaps in their service provision in order to provide people with the best possible care. The registered manager told us about two elements of the service. One was the overnight provision that had filled a gap within the service for people who needed support between the hours of 22.30pm and 7.30am. The other element was the immediate response service. For example, this service prevents unnecessary admissions to hospital and helps with rapid discharge.

People and relatives knew how to complain. One person said, "They're [staff] all great, I have nothing to complain about." One relative told us, "I have the details of how to make a complaint but we've never had to. If something wasn't right I'd prefer to speak to the carer directly anyway." Records showed that two complaints had been received at the service since our last inspection and we tracked these to find they had been appropriately dealt with. We noted from records that hundreds of written compliments had been received over 2014 to the present date.

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she was formally registered with the Care Quality Commission (CQC). She was present on the last day we spent at the service and assisted with the inspection, having been on pre-arranged leave during the other days.

It is a legal requirement that the provider sends notifications to the CQC as part of their registration. Notifications can include details of serious accidents, safeguarding concerns, deaths or police involvement with people using the service or concerning the provider. We had not received any notifications, including any safeguarding incidents since 2012. We noted that there had been a number of safeguarding concerns raised by the provider over the last three years and a number of recent deaths in the service while staff were providing care. We brought this to the attention of both the integrated services senior manager and the registered manager, who apologised and said this was an oversight on their part. They said they would send notifications in retrospectively.

This was a breach of regulations 16 and 18 of the Care Quality Commission (registration) regulations 2009.

One person told us, "They [staff] seem to like their jobs" and "I think my care was well managed." One care worker said, "I work in a mutually supportive team. We have low levels of sickness and virtually no staff turnover. The team is well structured and we have a great line manager, everything is well." Staff told us they enjoyed their work and thought that overall, the service was a good place to work. One of the locality leads told us, "The staff are very good, they will cover each other if that is needed." It was clear to us that the management team were proud of the staff that were employed at the service.

Staff thought their line managers were good at ensuring staff worked as a team. One member of care staff said, "My manager is very responsive to requests for extra training, we can call anytime for that. It's usually discussed in team meetings as a group and we decide what we need together."

We attended a team meeting in the community with eight members of care staff and a locality lead. We saw that staff had the opportunity to discuss people they were supporting if assistance or updates were required and general support was offered. We were given a copy of one of the team meetings minutes and noted that agenda items covered topics such as health and safety and staff competency. We spoke with other care staff about meetings they attended. One care worker said, "Team meetings were improved quite recently and now I think there's a lot more involvement from the senior staff. Things seem to get done more quickly and we are always listened to – like if we ask for something it's always followed up now."

We spoke with a member of care staff about the questionnaires that were completed by people. They told us, "The questionnaires are completed when people leave the service. So it's used as a planning tool to help us improve. We ask them how they felt about the service and what could be changed." We saw envelopes and short questionnaires were left with people at the end of the service. The registered manager told us, "If we receive any negative feedback we would usually ring the person or sometimes call out. It's important to find out where we maybe could have done better."

People were also asked to complete a health questionnaire, including a score out of 100 on how good their health was. This was completed in three stages; at the initial stages of starting to receive support from the service, after three months and then again after six months. At the three and six month stages, people were usually no longer receiving support from the service. The information gathered was able to show the outcome of any improvements the person had made overall or if they had deteriorated and required additional support and needed help to acquire it. From a sample of 12 people we saw that from their combined 'initial health' score of 600; this had increased to 920, showing that people felt their overall wellbeing had improved by over 50%.

We identified a small number of issues raised from people who had left the service and had current concerns about their state of health or other problems that may have required support. We spoke with the registered manager about all of these cases. They reported back to us before this report was finalised and advised us on the immediate action they had taken. We were satisfied that the provider had acted swiftly and appropriately and that no person was unsupported or in need of further assistance.

The registered manager told us quality monitoring and audits were in place. We saw any potential missed calls

Requires improvement

Is the service well-led?

were monitored and appropriate action taken to stop further episodes. Care plans were audited during observations of staff to ensure documentation was complete and up to date and we noted that any issues found had been noted and action taken to rectify these, although they had not found the issues we had. Staff training was monitored to ensure that staff were kept up to date and records showed that training was mostly up to date with areas marked that needed input by certain dates, for example safeguarding. The registered manager told us they would ensure that future auditing processes would address notifications to ensure these had been dealt with correctly.

Meetings were arranged to take place between the registered manager and locality leads and teams involved with referrals into the service, including the hospital discharge team and gateway team. Discussions took place to improve the referral pathway and to seek answers to any questions arising from referrals made to the service. The registered manager told us that the meetings proved very useful.

We spoke with the manager of the Care Call Community Alarm Service, who worked very closely with the provider. She told us, “The staff teams are great and work well with the people they support.” She also said that staff worked well together as a team to support each other and had no concerns about the service that was provided.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services **Regulation 16 of the Care Quality Commission (Registration) Regulations 2009** **The registered person had not notified the CCQ of deaths of service users as required**

The enforcement action we took:
We have taken enforcement action against the provider and the registered manager and will report further when this action is complete.

Regulated activity	Regulation
Personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents** **The registered person had not notified the CQC of other incidents without delay as detailed in the regulation, including safeguarding incidents.**

The enforcement action we took:
We have taken enforcement action against the provider and the registered manager and will report further when this action is complete.