

Universal Care Agency Ltd

# Universal Care Agency Ltd

## Inspection report

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21 March 2019

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service:

Universal Care Agency Ltd is domiciliary care agency which provides support and personal care to people living in their own home. Not everyone using Universal Care Agency received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection sixteen people were receiving a regulated activity from the service.

### People's experience of using this service:

People told us they were happy being supported by staff from Universal Care Agency Ltd. They told us their needs were met in a personalised way by staff who were kind and caring. People also told us they felt their rights were upheld, they were empowered to make their own choices and were involved in the development of their care plans. However, we identified significant concerns with the leadership and management of the service.

The provider did not have any oversight of the day to day operations of the service and had not acted promptly when an allegation of abuse was made. Governance arrangements and quality assurance systems were not robust. The manager had not used effective systems to carry out quality monitoring and was out of touch with a number of key areas of the service.

The service met the characteristics of Requires Improvement in four areas and Inadequate in one area. More information is in the full report.

### Rating at last inspection:

The service was rated as Requires Improvement at the last full comprehensive inspection, the report for which was published on 17 April 2018.

### Why we inspected:

This was a planned inspection based on the previous inspection rating.

### Enforcement:

The provider was operating from a location that was not registered with the Care Quality Commission. During the inspection, we visited an office of the address 141 Albert Road, Southsea and found that regulated personal care activity was being managed directly from this address. We are currently taking action to address these issues in line with our enforcement policies and procedures.

Two breaches of regulatory requirements were identified at this inspection. We are currently considering our regulatory response. Full information about CQC's regulatory response to more serious 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?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

**Inadequate** ●

# Universal Care Agency Ltd

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was undertaken by one inspector 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 ExE had experience of care for older people and those living with dementia.

#### Service and service type:

Universal Care Agency Ltd is a domiciliary care agency providing personal care to 15 people living in their own homes.

A registered manager was not 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 and associated Regulations about how the service is run. Day to day management of the service was carried out by a manager who was not registered with the Care Quality Commission.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and we needed to be sure key staff would be available.

#### What we did:

Inspection activity started on 19 March 2019 and ended on 08 April 2019. We visited the office location on 19 and 21 March 2019 to see the manager, office staff and to review care records and policies and procedures. We also spoke with people and their relatives on the telephone to gain their feedback and visited people in their home.

Before the inspection we reviewed the information, we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. The provider did not complete the required Provider Information Return. This is information providers must send us to give us key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection we gathered information from:

- Six people using the service
- Three relatives of people using the service
- Six people's care records
- The manager
- Two care co-ordinators
- Three members of care staff
- Five staff member recruitment records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports

Following the inspection, we received feedback from two social care professionals who had regular contact with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

At the previous inspection in March 2018, this domain was rated as Requires Improvement. We identified concerns relating to the assessment and management of individual risks to people and staff. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found concerns about the manager's understanding of raising safeguarding concerns, and record keeping of medicines administration.

At this inspection, improvements had been made to assess and review the risks to people and staff, and the service was no longer in breach of Regulation 12. However, we identified a failure of the provider to follow safeguarding procedures appropriately, as they had failed to act upon their responsibilities to investigate a safeguarding concern in a timely way and ensure people were protected from the risk of harm. We also identified continued concerns around the standard of record keeping and systems in place to monitor people's daily care provided. This domain remained rated as Requires Improvement.

Systems and processes to safeguard people from the risk of abuse:

- Staff had received training in safeguarding, however this was not up to date for all staff members. Staff knew how to recognise abuse and protect people, although they were not supported by the manager or provider to follow this process.
- The service had processes in place to protect people from the risk of abuse, however these were not followed by the manager and provider. This meant people were at risk of harm.
- At the time of the inspection, there had been a safeguarding incident, which the local authority safeguarding team were investigating. They required information from the provider. However, the provider had been difficult to contact and had not been available to provide the information required by the local authority, which had caused delays in the investigation. The provider was therefore unable to effectively investigate or act upon the allegation in a prompt manner. Whilst the nature of the concerns did not pose an immediate risk of harm to service users, we were not assured that safeguarding procedures in place were being operated effectively to ensure people were protected from abuse.

The failure to establish and operate effective systems and processes to prevent abuse of people using the service was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong:

- People's care plans contained detailed risk assessments which were specific to their needs, such as mobility, risk of falls and risk of developing pressure injuries. These were recorded for each person and clearly identified how staff should support people and what equipment, if any, was needed. Risks were

reviewed regularly and updated when required.

- Comprehensive risk assessments had been completed in relation to people's home environment in order to identify any potential hazards to people or staff.
- Contingency plans were in place, which helped to ensure that people were provided with consistent care and support in the event of an emergency or disruptive conditions.
- The manager kept up to date with safety alerts and important updates about the care sector through regular email subscriptions and links with the local authority. This information was passed to staff as appropriate.
- Where incidents occurred, these were documented within people's care records, including any follow up action taken to prevent a reoccurrence. However, the provider did not have a system in place to monitor accidents and incidents, or to identify any patterns or trends. The impact of this was minimised due to the small number of people being supported, which meant that office staff were in regular contact with people and were aware of their welfare. We discussed this further with the manager, who informed us they would implement a process to identify any themes and trends.

#### Staffing and recruitment:

- People said they felt safe and staff made them feel comfortable in their own homes. People and their relatives told us had no concerns around safety. One person said, "When they [staff] are here, I have nothing to worry about."
- With one exception, records showed that staff were recruited in line with safe practice and equal opportunities protocols. We identified an employment reference for one staff member had been received which was not in line with the provider's processes. We discussed this with the manager, who acknowledged the credibility of the reference and informed us of the checks they would make when receiving employment references in future. All other recruitment checks for new staff were undertaken appropriately to ensure that potential staff were safe to work within the care sector.

#### Using medicines safely:

- Where required, people told us they received their medicines safely and as prescribed.
- People's care plans contained clear guidance for staff on how to support people to take their medicines appropriately and in line with their preferences.
- Where people's families were involved in the management of their medicines, such as re-ordering and collecting medicines, this was recorded clearly. This meant that staff were aware of their responsibilities and roles when supporting people with their medicines.

#### Preventing and controlling infection:

- There were systems in place to protect people from the risk of infection. Staff had attended infection control training and had access to personal protective equipment (PPE), which people confirmed staff wore appropriately. One person said, "Oh yes, they always wear gloves."
- Where people were prone to infection due to their health needs, this was clearly documented in their care plan, along with information for staff to manage the risk of infection effectively.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At the previous inspection in March 2018, this domain was rated as Requires Improvement. We identified concerns about the consistency of staff supervisions and the lack of training completed by the manager and the provider's representative. We also found concerns around the processes in place to seek people's permission when gaining information of their medical history.

At this inspection, we found action had been taken to address the areas above, however other concerns were identified around staff training and timeliness of care visits. This domain remained rated as Requires Improvement.

Staff support: induction, training, skills and experience:

- People were supported by staff who had completed a range of training to meet their needs, including staff who had obtained vocational qualifications relevant to their role. However, some staff had not completed or refreshed all their training, in accordance with the provider's training schedule. This included essential subjects such as safeguarding, health and safety, infection control and first aid.
- Furthermore, for training that was completed using a computer-based system, the provider had set out a pass mark of 75% for staff to achieve for key subjects. However, we identified one staff member had not achieved this percentage in three training courses that the provider had deemed mandatory. The provider had failed to monitor this and take action where staff had not reached the required pass mark. This meant that we could not be assured that all staff had the necessary knowledge to support people. We spoke with the manager, who told us they planned to implement a system to monitor people's computer-based training and the scores they achieved.
- Staff spoke positively about the training they received and felt this was beneficial to their role. One staff member said, "We always have ongoing training. We do [computer-based training], I am all up to date with mine. When I first started I came from [another care service], I came with qualifications, but I had to do mandatory training before I could start."
- New staff received a structured induction into their role, which involved reviewing key policies and shadowing more experienced staff whilst they got to know people.
- Staff told us they felt supported in their roles by the manager and office staff. One staff member said, "I do feel supported, if I have any issues, they sort it out."
- In addition, staff were supported through one-to-one sessions of supervision. These provided an opportunity for the manager to meet with staff, identify any concerns, and offer support. Staff who had worked at the service for a year or more also received an annual appraisal to assess their performance. A staff member said, "I've just had my appraisal not long ago, it was useful."



Staff providing effective and timely care:

- Care was not always provided in a timely manner. Most people we spoke with told us that they had experienced at least one missed care visit whilst receiving a service with Universal Care Agency and there had been either a delay in following this up, or no one had contacted them at all. One person said, "They didn't show up, I managed myself that day, it wasn't followed up, no one called" and a relative commented, "Once we had a missed call. They phoned to say, but we'd already done it [the care] as we'd waited so long." We raised this with the manager and a care coordinator, who were not aware of any missed calls or why this may have occurred. This meant we people were put at risk by not receiving the care visits they required. We recommend that the provider implements a suitable system to ensure that late and missed calls are monitored and acted upon to prevent a reoccurrence.
- People told us they felt staff were competent. One person said, "I can discuss my needs with the carers, they're very good, I can't fault them" and another person said, "They look after me well."
- People were supported to access healthcare services when needed. For example, staff contacted GPs, specialist nurses and social care professionals where required.
- Where people's health conditions had changed or deteriorated, their care plans were updated promptly to reflect any change in people's needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Comprehensive assessments of people's care and support needs were completed before people started receiving care and support from the service. The manager described how people's needs were considered carefully to ensure they could meet them effectively.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. This included people's needs in relation to their culture, ethnicity, religion and sexuality.
- Staff completed training in equality and diversity and the manager and staff were committed to ensuring people's equality and diversity needs were met. For example, a care co-ordinator described how they adapted the time of a person's care calls to ensure they could meet their religious needs in the community.

Supporting people to eat and drink enough to maintain a balanced diet:

- Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met appropriately, in line with people's preferences. One person said, "They help with my meals. They know what I like."
- People's care plans contained specific information about people's nutrition and hydration needs, including their likes, dislikes and specific dietary requirements.

Supporting people to live healthier lives, access healthcare services and support:

- Staff liaised effectively with other organisations and teams and people received support from specialised health and social care professionals when required, such as GP's and social workers. A social care professional told us, "They [staff] act on advice. Particularly with [person's name], we have a very good working relationship. [Staff member] will often phone with concerns and we will discuss them together."

Ensuring consent to care and treatment in line with law and guidance:

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.

- All people receiving a service from Universal Care Agency Ltd had full capacity to make decisions about their care. However, the registered manager described the action they would take if they were concerned

that a person was no longer able to make decisions for themselves. This was in line with the Mental Capacity Act 2005.

- Staff were knowledgeable about how to protect people's human rights. Staff told us they sought verbal consent from people before providing care and support, which people and their relatives confirmed.
- People's care plans contained clear consent forms around their personal care and where required, administration of medicines, which had been signed appropriately.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved in their care. However, due to calls being missed they were at times put at risk.

At the previous inspection in March 2018, this domain was rated as Good. At this inspection, we found that this domain had deteriorated to Requires Improvement.

Ensuring people are well treated and supported:

- People were supported by kind and caring staff. Their comments included, "The girls are absolutely lovely, they don't rush me", "All of the staff are brilliant, I have no complaints" and, "They're friendly and nice, [staff members name] goes the extra mile".
- Staff had built supportive relationships with people and their families and were committed to providing them with a positive experience of care.
- Records viewed showed that staff used respectful and dignified language when describing their provision support and care. Staff spoke about people with genuine compassion; one staff member said, "I work with lovely people, I like to make sure I leave them happy and with a smile." Another staff member said, "I really enjoy [my job]. I enjoy going to people's houses and helping them to stay in their own homes."
- Most people were supported by a small team of consistent staff, which allowed staff to improve their relationships with people and understand their needs well. However, some calls were late or missed altogether and people were not informed or given reasons why. This meant that people were not always appropriately supported and at times, they were put at risk.

Supporting people to express their views and be involved in making decisions about their care:

- Although people were offered choice around the timings of their care visits, visits to people were sometimes late or missed, without an explanation. This meant their choices and preferences around the times they received support were not always respected.
- People's preference over the gender of staff supporting them was considered and recorded.
- The service had considered people's individual communication needs to ensure they received information in a way that they understood. This information was recorded in people's care plans to guide staff on the best way to speak with people or present them with information. For example, where a person was not able to communicate verbally, their preferred method of communication was recorded clearly.
- Information recorded in people's care plans was written in a manner that guided staff to respect people's choice around their care. For example, a section of a person's care plan stated, "I would like staff to respect my choices and promote my independence with dressing."

Respecting and promoting people's privacy, dignity and independence:

- Staff understood their responsibilities when respecting people's privacy. They described how they protected people's dignity when providing personal care by covering people with towels, closing doors and

considering people's privacy where other family members were in the person's home. A staff member said, "I make sure they are always covered well and draw the curtains so they have privacy."

- Staff supported and encouraged people to be as independent as possible in their day to day routines. For example, one staff member said, "I let [people] do as much as they can, if they are safe to do so. If they can do the task themselves, I will encourage them."

- People's care plans contained clear information about the support they needed from staff and how they should be supported to maintain their independence as much as possible. This helped to ensure that staff were aware of people's abilities and did not take over when supporting them. In addition, care plans highlighted where people had specific preferences in their appearance and personal care, such as how they wished to style their hair, which helped staff to maintain people's dignity.

- People's personal information was kept confidential. Copies of people's care records were stored electronically and on paper within the service offices, and were only accessible to staff who had the authority to see them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

At the previous inspection in March 2018, this domain was rated as Good. At this inspection, we found that this domain had deteriorated to Requires Improvement.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Since the previous inspection, people's care plans had been updated to ensure they were detailed, and person centred. These were recorded in an electronic format.
- Care plans contained clear guidance for staff about the level of support people needed with their personal care and daily routine. This took into account people's preferences and wishes around how they wished to receive support. For example, people's care plans contained a clear breakdown of their routine for each care call they received, including what involvement, if any, their relatives had in aspects of their care.
- However, we found that people's care plans had not been reviewed in a consistent manner, and there was no process in place to ensure that care reviews were completed on a regular basis. There was a risk that the information and guidance within them was not current and appropriate.
- In addition, staff recorded daily notes for each care visit, which were brought back to the office to review. A care coordinator told us they aimed to collect these notes from people's homes every four weeks, however this was not always consistent and there was no tool in place to evidence that daily notes had been reviewed and checked. This meant that changes in people's needs or health conditions may not be highlighted and care plans updated in a timely manner.
- Staff were familiar with the information in people care plans and used this to effectively meet people's needs. One staff member told us, "I always read the care plan. Otherwise I ask the office and they tell me about anything I need to know. I don't like to go to a client's house if don't know anything about them first." However, as mentioned previously, there was a risk they were familiar with information that may not have been current.
- Staff were knowledgeable of how to monitor people's health and seek prompt support from healthcare professionals when needed. However, there was not an effective process to make sure care plans were updated and any changes shared appropriately.

Improving care quality in response to complaints or concerns:

- Complaints were not always managed appropriately. Since the previous inspection, the manager told us they had not received any formal complaints. However, due to significant changes in office and management staff since the previous inspection, the manager could not be assured that all concerns and complaints had been recorded and dealt with appropriately.
- People and their relatives confirmed they had received information about Universal Care Agency's complaints procedure when they started receiving care from the service and knew how to complain if required. A process was in place to investigate and record complaints or concerns, which included a complaints policy. However, we were not reassured that this was being used effectively or that people's

concerns were being addressed robustly. We received feedback from people and their relatives that concerns were not followed up appropriately. One relative said, "I rang [the office] and got the answering machine, but no one rang back." Another person described the communication of the office as "disappointing".

End of life care and support:

- At the time of the inspection, the service was not supporting any one with end of life care.
- People's care plans did not contain any information about their end of life care, however, the manager reassured us that people's wishes and preferences at the end of their life would be discussed and respected should this be required.
- Staff had received training in end of life care and bereavement and the manager told us about future training that was planned.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

There were widespread and significant shortfalls in service leadership. Leaders and the culture did not assure the delivery of high-quality care. Some regulations were not met.

During previous inspections in December 2016 and May 2017, we identified significant concerns across all domains of the service and found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This included a continued breach of Regulation 17, relating to good governance.

Following enforcement action at the last inspection in March 2018, we found the provider was no longer in breach of Regulation 17, however improvements made were not sustainable and further concerns were identified. For example, monitoring tools were not completed fully and there was a lack of structure to systems for checking aspects of the service such as staff training and daily records. Quality assurance systems were not fully embedded into practice and had not identified the concerns raised during the inspection.

At this inspection, we found that systems in place to assess, monitor and improve the quality of the service had significantly deteriorated. The provider did not have any oversight of the day to day operations of the service and had not acted promptly when an allegation of abuse was made. Governance arrangements and quality assurance systems were not robust. The manager had not used effective systems to carry out quality monitoring and was out of touch with a number of key areas of the service. At this inspection, we found the rating of this domain had deteriorated to Inadequate.

Leadership and management:

- The provider was also the registered nominated individual for the service. A nominated individual is a person who has responsibility for supervising the management of a service and the quality of the regulated activity that is provided. However, we found that the provider had not been involved in the general running of the service and did not hold oversight of any issues or concerns. There was a lack of engagement between the provider and the management team and we were informed that the provider had been unable to provide support or oversight to the manager for three months prior to the inspection. Some staff told us they had met the provider on several occasions but advised they would not address any concerns or issues with the provider, due to their lack of involvement with the service.
- A condition of the registration of Universal Care Agency Ltd is to have a registered manager in post overseeing the day to day running of the service. At the time of the inspection, there was no registered manager in post and there had not been a registered manager of the service since July 2016.
- Roles, responsibilities and accountability arrangements were not clear. The management team, who were mainly office based, consisted of a manager who was not registered and two care coordinators. We found the manager was out of touch with what was happening within the service and there was a reliance upon

the care coordinators to take on the general management of the service. During the inspection, the manager was not always able to answer questions or provide evidence regarding certain care aspects of the service and advised the care delivery was mainly overseen by the care coordinators.

- Staff advised they 'got on well' with the manager, however they did not have full confidence in their ability to manage the service and advised they would speak with one of the care coordinators first about any concerns or issues if required.
- Although people were satisfied with the care provided, they did not feel the service was well led. For example, a number of people had experienced a missed care visit and they had not been contacted by the office with an explanation of why this had happened. In addition, several people we spoke with told us that where they had contacted the office with a concern, this was not always followed up promptly.
- At the time of our inspection, the service was operating from a location that was not registered. This was not in accordance with the condition of their registration.

Understanding quality performance, risks and regulatory requirements:

- Quality assurance systems were not robust. The provider did not have effective systems or processes in place to monitor and improve the quality of the service. For example, a system was not in place to ensure daily notes of people's care visits were checked and monitored in line with changes to people's needs. It was not clear how and when care plans were reviewed to ensure they were accurate and appropriate.
- We also identified other areas of the service where there were no systems in place to record and monitor their effectiveness or quality; this included consistency of care plan reviews and staff supervision and spot checks.
- There was no system in place to monitor timeliness of care visits or missed visits. The manager told us they planned to introduce an electronic care monitoring system to identify if care staff were late or missed a visit, however this had not yet been implemented. At the time of the inspection, the manager and care coordinators relied upon people or their relatives to contact the service if care staff were late or did not turn up, however following the feedback we received from people, this was ineffective as many people had experienced a missed call and this was not followed up in a timely manner. The manager was not able to determine how many calls had been late or missed, putting people at risk.
- During the inspection, we found that staff training was not always completed in the provider's mandatory subjects and not all staff had achieved the pass mark required by the provider. Although a care coordinator took immediate action to ensure this training was updated, the system of monitoring staff training was not clear or effective. We were not reassured that this issue would have been identified if we had not brought it to their attention.
- The manager relied upon an external auditor to identify essential improvements within the service, through an annual audit tool. We looked at the most recent audit, which was completed two months prior to the inspection. Concerns had been identified and although some issues had been addressed, many areas had not been acted upon and there was no structured action plan in place to ensure the issues were addressed appropriately.
- The provider failed to act recognise their responsibility to deal with safeguarding concerns promptly and protect people from the potential risk of abuse.

The failure to operate effective systems to assess, monitor and improve the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, and staff; continuous learning and improving care:

- People's views about the service were sought through an annual questionnaire and telephone reviews. The manager told us they aimed to complete telephone reviews with people every six weeks to two months, however we were not provided with evidence that this had occurred consistently for all service users. This meant that important changes in people's care needs and any issues regarding their care visits may not be



identified and acted upon promptly.

- There was a lack of structure in staff engagement, keeping them updated with any changes in the service and gaining their views. Although staff told us they felt able to raise concerns with the office, feedback from staff was not sought regularly and staff meetings had not been organised. We raised this with the manager who acknowledged there should be a way for staff to share their views anonymously, and told us they would introduce a staff survey.
- Since the previous inspection, the service had experienced a high turnover of care staff along with significant changes to office staff and structure. Staff told us they enjoyed their roles and felt improvements had been made following the staffing changes. One staff member said, "I like my job, I find it very rewarding" and another said, "I haven't got any concerns, I'm quite happy. It's getting much better". A social care professional commented on the new care coordinators in post, describing them as "very helpful and proactive".

Working in partnership with others:

- Staff had links to other resources in the community to support people's needs and preferences.
- The manager and office coordinators worked with social care professionals, health care professionals and the local authority to improve people's quality of care.