

Caring for You Limited

Caring for You Limited - 24/7 Care

Inspection report

Unit 10, Suite 201
Highview Business Centre
Bordon
Hampshire
GU35 0AX
Tel: 01420 477969
Website:

Date of inspection visit: 5 January 2015
Date of publication: 24/03/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 5 January 2015 and was announced. Caring for You Limited -24/7 Care provides a domiciliary care service to enable people to maintain their independence in their home environment. There were 33 people using the service at the time of the inspection, who had a range of physical health care needs.

At our previous inspection on 29 April 2014 the provider was not meeting the requirements of the law in relation to medicines, staffing, supporting workers and records. Following the inspection the provider sent us an action plan and informed us they would make improvements to meet these requirements by 28 November 2014. During this inspection we looked to see if these improvements had been made. Although the provider had made

Summary of findings

improvements in relation to medicines new breaches of this regulation were identified. They had met the requirements of the law in relation to staffing, supporting workers and records.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Following the last inspection the registered manager had changed to an electronic medicine administration record (MAR) sheet which was easier to update when people's medicines changed and ensured staff signed all MAR entries. However, staff had not always followed the provider's guidance in relation to omissions in the administration of medicines, the disposal of medicines and homely remedies. People were at risk from the unsafe management of medicines as not all staff had followed the guidance provided. This was a new breach of this regulation.

People gave mixed feedback with regards to how the quality of their care had been monitored. People's care had been negatively impacted upon as there was ineffective monitoring of the quality of the service. People who received care from two staff did not always receive the full duration of their call. The provider's clinical governance systems were not robust. The regional manager visited the service but did not provide the registered manager with guidance about what areas of the service they could improve. The registered manager completed audits, but there were a lack of robust action plans to address any identified issues in order to improve the service. People's experience of their care had not been effectively monitored.

Since the last inspection staffing levels remained the same, but there had been a significant reduction in the number of people using the service. There were enough staff to provide people's care. People were protected from the risk of abuse because the provider had robust recruitment procedures in place to ensure staff providing support were of good character and had the appropriate skills and experience.

People told us staff had taken appropriate action in medical emergencies. The provider had identified and managed a range of risks to people. Risks to people relating to their care needs were managed.

Most people told us they felt safe. However, for two people who told us they had not always felt safe, we noted the registered manager had taken appropriate action to address their concerns. Staff had access to safeguarding guidance and had received relevant training. Staff understood how to respond to safeguarding concerns. People were safeguarded against the risk of abuse.

Staff had received an induction into their role. The registered manager completed checks of staff competence to undertake their roles and staff received supervision and appraisals. People's care was provided by staff who received appropriate training and support.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to community services. The provider is required to submit an application to the Court of Protection if they assess a person's liberty is restricted. There was no evidence of people's liberty being restricted and no applications had been made. The registered manager had received training in the Mental Capacity Act (MCA) 2005 but was unaware of a Supreme Court judgement which widened and clarified the definition of deprivation of liberty. We have made a recommendation that the registered manager access further information on the judgement in relation to DoLS.

People told us staff had sought their consent before delivering their care. Where people lacked the capacity to consent to their care relevant guidance had been followed to make best interest decisions on their behalf. The provider had not documented in their assessment why they believed people lacked capacity. The provider had documented people had a power of attorney in place but not the type. People's capacity to consent had been assessed but the recording of these decisions required improvement.

People's care plans documented what support they required in relation to nutrition and hydration. There were processes to monitor and record what people ate and drank. People were supported to ensure they had enough to eat and drink.

Summary of findings

Staff liaised with a range of health care professionals on people's behalf to ensure their health care needs were met. Staff had good links with local health care professionals.

People told us staff were caring and treated them with dignity. One person's relative said "Staff respect her." Staff provided people's care in a warm, friendly and compassionate manner. Staff had an understanding of people's care needs and checked how they wanted their care provided if they were not familiar with the person's care needs.

Information about the service and details of their care was given to each person. People had been supported to express their views about how their care was provided. The information they provided was reflected in their care plans. People had been actively involved in decisions about their care.

Staff were encouraged to treat people as a member of their family. Staff received guidance on how to uphold people's dignity. People were supported by staff to be independent where possible. People's privacy and dignity was respected in the delivery of their care.

Most people were positive about their care and said they received it at the times they needed it. However, not all people who required care from two staff had positive experiences. People who required two staff had not

always experienced consistency in staffing. They had not always received their care at the times stated in their care plans. The registered manager took action and returned these people's care packages back to the local authority following the inspection.

The provider had a complaints process for people. When a person made a complaint this had been investigated and resolved to their satisfaction.

The service had clear aims and objectives for the delivery of people's care. Staff were not managed appropriately because they were changing people's visit times to suit themselves.

The registered manager understood the issues facing the service. Staff felt supported in their role although staff morale was low. The support the registered manager received from the provider was not fully effective in enabling them to carry out their role.

The registered manager had improved people's care plans. People had accurate care plans and these were stored securely in the office.

We found a number breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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?

People's care was not consistently safe.

People remained at risk from the unsafe management of medicines because staff had not always followed the provider's guidance.

The registered manager had reduced the number of people using the service to ensure they had sufficient staff to meet people's care needs safely.

Risks to people in relation to the delivery of their care had been identified and managed through the care planning process.

Staff understood their roles and responsibilities in relation to safeguarding.

Requires Improvement



Is the service effective?

The service was not consistently effective.

People's consent to their care and treatment had been sought. Where they lacked capacity to consent their relatives had been consulted about what was in their best interests. The provider had not documented in their assessment why they believed people lacked capacity.

Staff underwent an induction, they completed relevant training and their work was monitored and appraised. People were cared for by staff who were appropriately supported.

People received the support they required to ensure they had adequate amounts to eat and drink.

Staff liaised with healthcare professionals to ensure people's health care needs were met.

Requires Improvement



Is the service caring?

The service was caring.

Staff treated people in a kind and compassionate manner. If staff were not familiar with people's care needs they checked with them how they wanted their care provided.

People had been actively involved in decisions about their care and support.

People received their care in private and were treated with dignity and respect. People were supported to be independent.

Good



Is the service responsive?

The service was not always responsive to people's needs.

Requires Improvement



Summary of findings

People who needed two staff to provide their care had not always experienced consistency in their support. They had not always received their care at the times they needed it. The registered manager took action to address this.

People were able to make complaints about their care using the provider's complaints process. When a complaint was made the provider responded promptly to the satisfaction of the complainant.

Is the service well-led?

The service was not well-led.

There was inadequate monitoring of the quality of the service provided to people to ensure it was good quality.

Staff did not always uphold the provider's values. Staff were not always willing to work the hours the provider required to deliver people's care in accordance with these values.

Record keeping had been improved. People's care plans accurately reflected their needs.

Requires Improvement



Caring for You Limited - 24/7 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 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.

The inspection took place on 5 January 2015 and was announced. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available. The inspection team consisted of two inspectors. Following the inspection an expert by experience spoke with people by telephone to ask their views of the service provided. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 the information included in the PIR

along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we spoke with two commissioners of the service and a social worker. Following the inspection we spoke with a mental health nurse. We sent out questionnaires to people who use the service, their relatives, staff and community professionals. Five people and two staff returned their questionnaires. We visited six people and their relatives with staff and spoke with them about their care. We observed some aspects of care, such as staff preparing people's meals and giving medicine. During the inspection we spoke with two care staff, the registered manager and the regional manager who was also the nominated individual. A nominated individual is someone who has responsibility for supervising the management of the regulated activity and acts as the main point of contact with the Care Quality Commission (CQC).

We reviewed nine people's care plans, four staff recruitment and supervision records and information relating to the management of the service. Following the inspection we spoke with a further 21 people, 11 relatives and four staff by telephone.

Is the service safe?

Our findings

At our inspection in April 2014, we found people's medicines had not always been managed safely and there were insufficient staff to provide people's care safely. The provider sent us an action plan outlining the improvements they would make. They informed us that these would all be completed by 28 November 2014.

The registered manager had taken actions since the last inspection to introduce electronic medicine administration record (MAR) sheets which could be readily updated if people's medicines changed. They had taken action to ensure staff signed MAR entries. However, we found new breaches of this regulation. Staff had not always managed people's medicines in accordance with the provider's policy. The policy provided staff with guidance about the safe administration, management and disposal of people's medicines. Staff were required to complete an omissions sheet for any missed administration of medicines. Staff had not given medicine for the relief of pain to one person on two occasions and on one occasion they had signed to indicate this had been administered when it had not. The registered manager confirmed there was no evidence staff had reported these omissions to the office. Although staff had undergone medicine training and records showed their competency had been assessed they had not always followed the provider's policy on the safe administration of medicines. Not following this policy had placed a person at potential risk of discomfort or pain. Staff had not taken action to follow up on the missed medicines.

Staff had removed one person's MAR at the end of the month and not replaced it. This person did not have a MAR for five days and staff had failed to report this. The registered manager confirmed following the inspection the person had received their medicine and this had been recorded in their daily notes. The person had not missed their medicine but they were potentially placed at risk, of not receiving their medicines as prescribed. Staff who were unfamiliar with this person's medicines would not have had access to their MAR for guidance, which could have resulted in them not receiving their medicines as prescribed.

A staff member told us if people did not take their medicine they disposed of them by "Chucking them down the toilet". This was not in accordance with the provider's medicines policy for staff on the safe disposal of medicines. A staff

member had purchased homely remedies, for a person without checking if it was safe to administer these. This contradicted the provider's policy. A homely remedy is a medicinal preparation used to treat minor ailments; it is purchased over the counter and does not require a prescription. They may cause complications with the person's prescribed medicine and advice should be sought about their use. People were placed at potential risk as staff did not always follow the guidance provided.

The failure to protect people from the risks of unsafe management of medicines was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities).

People told us they felt safe in the care of the staff who cared for them. Two people told us they had not always felt safe in the care of staff and records showed that the registered manager had taken action to address this. As a result they had referred one incident to the safeguarding team and taken disciplinary action in relation to another member of staff. Staff wore uniforms and identity badges to enable people to identify who they were letting into their home. Staff had undertaken safeguarding training which they kept updated and they had access to relevant guidance. Staff understood their roles and responsibilities in relation to safeguarding. A staff member told us "I would report to the registered manager if a person had an injury or if something about their presentation did not appear to be right." There was evidence that when staff had concerns about a person's safety, they had discussed the situation with relevant professionals. People were protected as staff knew how to recognise the signs of abuse and took action if they had concerns.

The registered manager told us there were currently 22 staff who were part-time or full-time. Since the last inspection the number of staff had increased by one and the number of people using the service had reduced by 21. The registered manager told us since the beginning of December 2014 six staff had left. In response to this, 12 people's care had been returned to the local authority, to ensure they could continue to provide care safely. The registered manager had taken action to ensure there were sufficient staff to provide people's care by reducing the number of people they supported.

The regional manager informed us staff did not start work until their Disclosure and Barring Service (DBS) check had been completed. These checks identify if prospective staff

Is the service safe?

had a criminal record or were barred from working with children or vulnerable people. Four staff said they had been interviewed for their post and undergone pre-employment checks. Staff files contained the information required in accordance with the law, such as proof of identity and satisfactory evidence of staffs previous conduct in employment. People were protected because the provider had robust staff recruitment procedures in place.

The registered manager told us they undertook investigations into staff conduct when required. This was confirmed in records we looked at. People were kept safe as concerns brought to the attention of the registered manager had been addressed.

People had been assessed in relation to risks such as the development of pressure sores, moving and handling, falls, bathing and their environment. The registered manager had recorded these risks in people's care plans and staff were provided with instructions on how to manage these. People's care plans noted what equipment was required to transfer them safely and how many staff they needed to support them. People had equipment in their homes to ensure staff could move them safely such as hoists and adjustable beds. One person had been identified as at risk of developing pressure sores and staff were instructed in the person's care plan to use cream to manage the risk. A

staff member told us a person had been assessed as requiring equipment to enable staff to shower them safely. Staff had ensured the person was not placed at risk by using alternative methods until the required equipment was provided.

People had body maps in their files. If staff noted people had experienced a bruise or an injury they had documented this on the body map so there was a record of when the injury was first noted and where it was on the person's body. This ensured the injury was recorded if the incident was later referred to the local authority as a possible safeguarding incident. If people's relatives were responsible for the provision of aspects of their care such as medicines this was made clear in their care plans. Risks to people from pressure sores, bathing and moving and handling had been managed effectively.

Risks to people were managed as the provider had processes in place to guide staff in the event of an emergency. A person's relative said on one occasion when the person required urgent medical assistance staff stayed with them until this arrived. People and staff had access to an out of hours' call number and emergency procedures if required. The provider had an adverse weather plan for the service which prioritised people's calls depending on their level of need.

Is the service effective?

Our findings

At our inspection in April 2014 we found staff were not supported within their role through the provision of an annual appraisal of their work. At this inspection we found staff were now receiving this support.

The regional manager informed us staff undertook the Skills for Care Common Induction Standards (CIS) when they commenced employment. The CIS are the standards people working in adult social care need to meet before they can safely work unsupervised. Staff told us they completed a two week induction process which included working as a 'shadow' alongside other more experienced staff. The registered manager was a qualified moving and handling trainer and able to train, assess and monitor staff in safe moving and handling practices. People were cared for by staff who had received an appropriate induction into their role.

Staff training records showed staff were up to date with the provider's required training. Staff had completed dementia awareness training as some people lived with dementia. Relevant staff had received training in relation to percutaneous endoscopic gastrostomy (PEG) feeding to enable them to support people who required this care. PEG feeding is a form of tube feeding for people who are unable to or have difficulties in swallowing. People were cared for by appropriately trained staff.

Records showed staff had received appraisals of their work. The registered manager completed an annual observation; medicine competency check, appraisals, spot checks and one to one supervision sessions with staff across the course of the year. Spot checks are an observation of staff performance carried out at random. Records showed three staff were qualified to National Vocational Level (NVQ) two and five staff were qualified to level three. NVQs are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove that they have the ability to carry out their job to the required standard. People were cared for by staff who were appropriately supported in their work.

One person's relative told us "Staff seek consent from my wife." The registered manager had completed training on the Mental Capacity Act (MCA) 2005. This provides a legal framework for acting and making decisions on behalf of

people who lack the mental capacity to make particular decisions for themselves. People received care from staff who had access to guidance and who had received MCA awareness training.

Records showed people's consent to their care had been sought by staff. Where people lacked capacity to make specific decisions about their care their relatives had been consulted about what was in their best interests. The principles of the MCA had been applied by staff. However, in people's files it was unclear in documented assessments how decisions about capacity had been reached. It is good practice to keep a record of the steps taken to determine if a person lacks capacity in relation to a specific decision.

The provider had documented whether people had a lasting power of attorney (LPA) in place. A LPA is a legal document that lets a person appoint one or more people (attorney's) to make decisions on their behalf. They can be in relation to health and welfare or property and financial affairs. The provider had not documented what type of LPA people held. If the provider had requested a copy of the LPA this would have ensured they had evidence of which type of affairs the attorney should be consulted about.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to community services. Neither the registered manager nor the regional manager was aware of a Supreme Court judgement which widened and clarified the definition of a deprivation of liberty. We did not find any evidence of any restrictions imposed upon people. However, without an understanding of the Supreme Court judgement the provider might not be able to identify when an application should be made.

A person's relative told us staff prepared some home cooked meals for the person. People's care plans documented if staff were responsible for preparing a meal for the person during a call. Training records showed staff had undertaken food hygiene training to ensure they prepared people's meals safely. Staff were seen to prepare food for people and present it in an appetising and appealing manner. Staff ensured people had the correct utensils to eat their meal and gave people a drink. Before staff left they made sure the person had a drink that they could readily access between calls. People were supported by staff to have sufficient to eat and drink.

Is the service effective?

The registered manager and one staff told us there were food and fluid charts for staff to complete if they had concerns about people's nutrition and hydration. None needed to be completed at the time of the inspection and what people had eaten was recorded in their daily notes. Staff had completed records in relation to people's catheter care to record and monitor people's fluid output. The risks to people of malnutrition or dehydration were managed effectively.

People's records showed the provider had regular contact with health care professionals such as GPs, district nurses, hospitals and continuing healthcare staff. NHS continuing health care is the name given to a package of care that is arranged and funded solely by the NHS for individuals who

are not in hospital but who have complex ongoing health care needs. Staff had contacted these services to arrange for people's medicines to be reviewed, to ensure people had the equipment needed to meet their care needs, and to seek medical advice about people's care. One staff member confirmed the service had good links with the GPs and district nurses. A mental health nurse told us staff attended people's meetings as required. People were supported by staff to have access to healthcare services when required to meet their needs.

We recommend that the registered manager access further information on the Supreme Court Judgement to enable them to understand the process in the event an application was required.

Is the service caring?

Our findings

One person's relative commented "Staff all care about my mum" and another commented "Staff are caring." Staff greeted people and their relatives in a friendly manner and they had a positive rapport with them. Staff delivered people's care, such as preparing their meal, in a kind and considerate manner. The regional manager told us relationships were built with people through the care planning and review process. People's care plans instructed staff on how to communicate with them when providing their care. One person's plan said 'Explain to me what you are doing at each step.' A staff member told us they knew people's care needs well and said "I always check people's care plans and speak with them before I provide their care." The registered manager said staff were employed on a three month probationary period so they could assess how new staff interacted with people. This ensured the relationships new staff developed with people could be monitored over a period of time. People's care was provided by staff who knew them and checked how they wanted their care provided.

A person's relative told us "They take into account our requirements." One person said they had a positive relationship with their carer and were able to make changes as required. Another person said staff were accommodating and always asked if they needed anything doing. People's care plans stated their preferences about their care. One person's plan said 'Ask if I would like to get up from bed as sometimes I really don't want to.' Another stated 'If cold I would also like to wear my cardy.' People were consulted about their care as it was provided. Staff were heard to ask a person's relative what time they would like to be seen the next morning during one call. A staff member gave an example of how they checked with one

person each time about how they wanted to be positioned. The regional manager said people were actively involved in their care planning and signed their care plan to signify their involvement. Records confirmed people's care plans had been signed either by the person or their representative. People had been supported to express their views about how they wanted their care to be delivered.

Most people told us staff maintained good communications with them and they were informed of any changes. However, some people identified occasions when they were not informed of changes by specific staff. People had a file in their home which contained a copy of their care plan, the out of hours emergency contact number, the provider's statement of purpose (SoP) and the complaints process. A SoP is a document which includes a standard required set of information about a service. People had been provided with a range of information about their care.

The registered manager told us staff were told to treat people as they would treat their family. Care plans instructed staff on how to uphold people's dignity. One person's plan instructed staff to cover a person's legs whilst they received personal care. A staff member told us "I treat people like my parents." Another staff member was able to describe to us how they upheld people's dignity when providing personal care. People's privacy and dignity had been upheld in the delivery of their care.

One of the provider's objectives was to enable people to maintain their independence. Staff were instructed in one person's care plan to pass the person their flannel so they could wash their own face. A staff member told us how they promoted people's independence when supporting them. People were supported by staff to be as independent as they could.

Is the service responsive?

Our findings

The majority of people stated staff usually kept to the agreed appointment time with limited variation. However, relatives of two people who required two staff to support them told us they did experience problems with the responsiveness of the service. One said “A lot of the time care goes on carer’s convenience rather than the care we need.” They also commented “There is a lack of consistency at the tea and night calls as the two regular carers left around Christmas.” Another relative told us “It would be nice if my wife didn’t have to stay in bed so long. She would prefer to be up and out of bed.”

Staff told us people’s calls were covered, but there was a lack of consistency for people who required two staff for their calls to support them. Staff rosters showed people who needed two staff for their support had a good level of consistency of staff for the morning and lunch calls, but not for the evening and night calls. Two staff told us night calls were completed early so staff were not sitting around between visits. One person’s care plan said they were at high risk from urinary tract infections (UTI) and pressure sores and their position and pads were to be changed regularly. Their care plan stated they were to be visited four times a day by two staff between the hours of 07:30 and 21:00. This would have ensured the time overnight when they did not receive staff support to change their body position for them was 10 hours and 30 minutes. The person’s care records showed there had been 12 hours between their night call one day and their morning call the next day. On another day there had been 11 hours and 30 minutes between their night call and the following morning call. The impact for this person was they did not always receive their care at the times they needed which left them at risk of developing a UTI or a pressure sore.

One person’s care plan showed they were to receive three calls a day from two staff between the hours of 08:45 and 20:00. Their call roster which listed the times their calls were arranged for reflected their assessed needs documented in their care plan. This roster showed morning calls were arranged for 09:00 and night calls for 20:00. This person’s night and morning calls had not taken place in accordance with their care plan and roster. Their care records showed there had been 14 hours and 30 minutes between their night call one day and the following morning

call. On another day there had been 14 hours and 15 minutes between these calls. The impact on this person was they had to stay in bed for longer than wished between the night and morning call.

These concerns in relation to calls where people required two staff during the evening and night were brought to the attention of the registered manager. Following the inspection they provided evidence that they had arranged to return the care of all people who required two staff to support them to the local authority. The registered manager had taken action as they were unable to provide the care required to meet these people’s assessed needs safely. These people were no longer placed at risk of receiving care from the service that was not responsive to their needs.

The failure to ensure people’s individual needs were met was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities).

The registered manager told us they met with people to assess their needs before care was offered and if they did not think they could meet the person’s needs then the care package was declined. They gave an example of a care package they had turned down as staff were unable to meet the person’s complex needs. People’s care was reviewed a few weeks after care commenced to ensure it met their needs. People’s care plans were detailed and reflected their personal needs and preferences. A staff member told us the content of people’s care plans had improved. Staff had clear instructions about the care to be provided to people at each call. Staff were provided with guidance in people’s care plans about how to communicate with people and how to promote their independence. This was in addition to practical tasks that were to be completed. A staff member was able to describe to us in detail about one person’s care needs, the support they required and how this was provided. People’s care was provided by staff who had access to clear guidance about people’s care needs.

The regional manager told us the complaints policy was given to people or their relatives. People were provided with a copy of the provider’s statement of purpose (SoP) which provided details of the complaints policy. Two staff explained their role if a person wanted to make a complaint and how they would support people with the

Is the service responsive?

process. The provider had dealt with the one complaint they had received in the past year to the person's satisfaction. People's complaints were responded to appropriately.

Is the service well-led?

Our findings

At our inspection on 29 April 2014 we found people's care plans did not accurately reflect their needs and records were not securely stored. The provider sent us an action plan outlining the improvements they would make. They informed us that these would all be completed by 28 November 2014. At this inspection we found improvements had been made to ensure care plans accurately reflected people's needs. Records were locked securely within the office.

People's feedback on management's response to issues raised by them and their relatives was variable. Some spoke of very positive support they received and about the monitoring of the quality of the care they received. One person's relative said "We are happy with the quality of the care and generally she gets the care as required". Another relative said "We see the manager regularly and they ask if we have any concerns." Other people told us they had little or no contact with the office. One relative told us "Quality can be a bit lapse." People had mixed experiences of the quality of the care received.

The provider failed to identify that people who required two staff to support them had to wait an excessive period of time between calls overnight. They had not monitored whether people's calls were taking place in accordance with their care plan or roster. Two people who received support from two staff had not received their care at the times they needed. The provider had failed to identify one person's medicines had been omitted on several occasions through the process for monitoring medicine omissions. The poor monitoring of the service had a negative impact upon the quality of the service people received.

People's call duration had not been effectively monitored. The regional manager told us there was no electronic call monitoring system; instead the registered manager reviewed people's records of calls. This was ineffective, as the records only documented the time staff arrived to provide support to people and not the time they left. We visited three people who lived some distance apart. The staff roster showed there was no travel time allowed between each person's call. Staff would either overrun and finish their calls late or have to reduce the length of the person's call to arrive at the next person on time. We visited one person who was rostered a half hour call, we noted their call lasted 15 minutes. The person received the care

they needed in this time but they had not received the allotted time. People's calls had not lasted the planned duration as the provider had failed to accurately monitor this for people. This could result in people's care being rushed.

The provider's systems to monitor the quality of service people received were not robust. The registered manager completed a monthly audit of various aspects of the service including, people's care plans, falls, health and safety, medicines, training and complaints. They also completed a quarterly audit which was submitted to the regional manager. The registered manager did not receive formal feedback on the results nor were actions agreed with the regional manager to address the issues identified within the audits. The regional manager met with the registered manager monthly but there were no written outcomes from these meetings to give the registered manager guidance about areas of the service to improve. People did not benefit from effective monitoring systems to improve the quality of the service.

People and staff feedback on the quality of the service had been sought by the provider. The registered manager had regular contact with people through their spot checks on staff practice. The provider sent out a client satisfaction survey in October 2014 and nine people responded. Six of the nine who responded stated they were satisfied overall with the quality of the service. Three people had commented communications from the office were poor and a staff member confirmed this. The staff quality assurance questionnaire of September 2014 showed only 34% of staff were satisfied with the level of communication. People's feedback had been sought but at the time of the inspection there was no action plan in place to address people's comments.

The lack of effective systems to assess and monitor the quality of the service and the failure to have regard to people's comments were breaches of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

A staff member told us "On the whole it is good service but staff are under pressure." The registered manager told us staff had left the service recently. Staff we spoke said this had resulted in an increased workload and low morale amongst staff. The registered manager and staff told us as staff were on zero hour contracts they were not always willing to work in the evenings or weekends, which made it

Is the service well-led?

harder to ensure people's calls at these times were delivered as required. Staff had sometimes completed people's calls at times to suit them rather than the times stated in people's care plans and call rosters. Morale within the team was not positive and this had impacted negatively upon the delivery of people's care.

Staff felt supported by the registered manager. One staff member said things had improved dramatically with the registered manager who they found to be very approachable. Another staff member told us the registered manager was good at their role but there seemed to be limited support for them. The registered manager told us they led by example and would not ask staff to do things they were not prepared to do themselves. People and staff valued the registered manager. The registered manager understood the issues facing the service which impacted upon people's care. They appreciated there were issues with some staff not wishing to work unsociable hours, not all staff following the provider's guidance, staff morale and

poor communications between some staff and the office. They had taken action prior to the inspection to ensure people's care was delivered safely when staff had left the service. They took action following the inspection to further reduce the number of people who received care from the service. The registered manager received some support from the provider but the support they received was not fully effective in enabling them to carry out their role. This had a negative impact on the quality of care people received.

The provider's Statement of Purpose (SoP) outlined the aim of the service. The aims of the service were to meet people's individual requirements and maintain maximum quality of life in their own home. One staff member was able to tell us about the aims and objectives of the service. The aims of the service in the provision of people's care were clear. However people's experience of the care provided did not always reflect the aims.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>The provider had not protected people from the risks of receiving care that was inappropriate or unsafe by planning and delivering care in a way as to meet their needs. This was a breach of Regulation 9 (1) (b)(i)(ii) of the Health and Social Care Act 2008 (Regulated Activities).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The provider had failed to protect people from the risks associated with the unsafe use and management of medicines by means of the making of appropriate arrangements for the safe administration and disposal of medicines. Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>The provider had not protected people against the risks of inappropriate or unsafe care and treatment through the means of effective systems to assess and monitor the quality of the service people received. They did not have regard to the views expressed by people. Regulation 10 (1)(a)(2)(b)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</p>