

Hampshire County Council

HCC North Hampshire Hub

Inspection report

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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?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection was announced and took place on the 4 and 6 August 2015.

The HCC North Hampshire Hub, also known as the Community Response Team North East, is a county council run domiciliary care agency which specialises in providing a re-ablement service. This service provides short term personal care once people are discharged from hospital and their needs in the community are

assessed. People who receive this service include those living with dementia and people with medical conditions such as dysphasia. At the time of the inspection there were 23 people using the service.

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

Summary of findings

People received their medicines safely. Care workers were trained to administer medicines and their competence was regularly reviewed. Records showed that care workers were not always completely documenting in Record of Administration Books when people had received their medicine. However we could see that people were receiving their medicines in the way it was prescribed as this was documented in people's daily care notes.

Quality assurance processes were not always effective in supporting the service to deliver high quality care. Auditing systems did not identify that care workers were not receiving their refresher training identified as necessary by the provider and that RoMBs were not accurately being completed.

Care worker recruitment procedures were completed so that people were protected from the employment of unsuitable care workers. One care worker profile failed to provide a detailed full employment history. This is an important way to ensure that care workers who have previously worked with adults who are vulnerable have any gaps in their employment suitably explained. Induction training and supervision processes were in place to ensure that people were protected from unsuitable care workers.

People using the agency told us they felt safe. Care workers understood and followed guidance to recognise and address safeguarding concerns. When a concern had been raised the registered manager evidenced that she understood her role and had liaised with the correct authorities so a thorough investigation could be completed.

People's safety was promoted because risks that may cause them harm in their own homes had been identified and managed. People were supported by care workers who encouraged them to regain their independence. Appropriate risk assessments were in place and followed by care workers to keep people safe.

People were supported by care workers who had the knowledge and information available to be able to meet people's needs effectively. However the provider did not have systems in place to ensure that care workers received refresher training at the time scales they identified as necessary.

People were supported by care workers to make their own decisions. Care workers were knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA 2005). The service worked with people, relatives and social care professionals when required to obtain assessments on people's capacity to make specific decisions for themselves. Care workers sought consent before carrying out care, treatment and support.

People were supported to eat and drink enough to meet their nutrition and hydration needs. Care workers assisted people to make choices about their food and drink. People were encouraged to participate in preparing their meals to regain and retain their independence.

When people's additional health care needs were identified the care workers engaged with other health and social care agencies and professionals to maintain people's safety and welfare. The agency had access to a range of health care professionals within the County Council such as Occupational Therapists and District Nurses. These healthcare professionals were deployed when people's needs changed.

People received support from care workers who were motivated to develop positive and caring relationships. People felt that care workers were familiar faces who delivered caring support.

People were encouraged and supported by care workers to make choices about their care on a daily basis. People and relatives told us they felt listened to and their views were respected.

The registered manager and care workers understood the importance of maintaining people's privacy and dignity. People told us and we could see care workers met people's needs in a respectful private way whilst maintaining their dignity.

Care plans were personalised to each individual. They contained detailed information to assist care workers to provide care in a manner that respected each person's individual needs and wishes. Relatives told us, and records showed, they were encouraged to be involved at the care planning stage, during reviews and when their family member's health needs changed.

People knew how to complain and told us they were happy to do so if this was required. Procedures were in

Summary of findings

place for the registered manager to respond to complaints in an effective way. Complaints were investigated thoroughly. This ensured the quality of the service was maintained.

The registered manager and care workers promoted a culture that was open and transparent. People were assisted by care workers who were encouraged to raise concerns with the registered manager. Out of hour telephone contact details were provided to people and care workers. This meant additional support and

guidance was always accessible to people and care workers from an on call registered manager. Care workers told us they felt supported by the registered manager and office staff as a result.

People told us they were receiving high quality care from the agency.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of 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?

The service was not always safe.

People had their medicines administered by trained care workers whose competency was regularly assessed by senior care worker. However the provider did not ensure that the administration of medicines was always recorded appropriately.

The provider had a recruitment process to ensure that people were protected from the employment of unsuitable care workers. Only one care worker had an incomplete employment history. Care workers had undergone and relevant pre-employment checks to ensure their suitability.

People were safeguarded from the risk of abuse. Care workers were trained to identify signs and understood how to protect people from abuse and harm.

Contingency plans were in place to cover unforeseen events such as a fire or power loss within the agency's office.

Requires improvement



Is the service effective?

The service was not always effective.

People were supported by care workers who demonstrated they understood the principles of the Mental Capacity Act (MCA) 2005. However the provider did not ensure that people were supported by care workers who had the most up to date information to best support their needs and wishes.

People were assisted by care workers who knew them as individuals and understood the support and care they required.

People were supported to eat and drink enough to maintain their nutrition and hydration needs. Care workers knew people's preferences regarding food and drink and encouraged them to participate with meal preparation.

People were supported by care workers who sought healthcare advice and support for people who required this.

Requires improvement



Is the service caring?

The service was caring.

People told us that care workers were caring. Care workers were motivated to develop professional but personable relationships with people.

People were encouraged by care workers to make decisions about the care they received.

People received care which was respectful of people and their right to privacy.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People were encouraged to participate in creating their personal care plans. Relatives and others with legal authority to represent people were involved in planning and documenting people's care. This ensured people's needs and preferences were taken into account when developing their care plans.

People were encouraged to raise concerns or issues about the service. Any issues, when raised, had been responded and resolved in an appropriate and timely manner.

Good



Is the service well-led?

The service was not always well led.

Quality assurance and auditing processes were not effective in identifying when care workers were failing to complete medication books or when refresher training for care workers was required.

The registered manager promoted a culture which focused on providing person centred care. People were actively encouraged to participate in their care in order to regain their independence. However people told us they were not always communicated with when there were changes or delays in their care delivery.

Care workers were aware of their role and felt supported by the registered manager. Care workers told us they were able to approach the registered manager to raise concerns and felt they provided good leadership.

Requires improvement



HCC North Hampshire Hub

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 checked 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 agency under the Care Act 2014.

This inspection took place on 4 and 6 August 2015 and was announced. The provider was given 48 hours' notice because we needed to be sure the office would be open and we would be able to speak with people. The inspection was conducted by one inspector.

After the inspection an Expert by Experience spoke with people and their relatives on the telephone. An Expert by Experience is a person who has personal experience of using or knowing someone who uses this type of service. The Expert by Experience had knowledge of using care in the home services.

Before this inspection we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the agency is required to send us by law.

The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the agency, what the agency does well and improvements they plan to make.

During the inspection we spoke with the County Service Manager, the registered manager, one senior member of care worker and visited two people at their home addresses where we spoke with two care workers. We reviewed a range of records about people's care and how the agency was managed. These included care records for eight people, three of these people's daily care records, four record of medicine books (RoMB) and other records relating to the management of the agency. These included one team leader, two senior care workers and six care worker recruitment files, eight care worker training files and quality control audits. We also reviewed rotas for care workers working from 1 to 28 June 2015, complaints management and the provider's policies and procedures.

Following the inspection we spoke with an additional four people who use the agency and three relatives, and spoke with one team leader and three care workers.

The previous inspection was carried out in December 2013 and no concerns were raised.

Is the service safe?

Our findings

People told us they felt safe with the care workers who supported them, one person told us, “Oh yes, (I feel) very safe”. This was confirmed by relatives who told us their family members were kept safe, one relative told us, “He’s quite safe, there’s nothing that concerns me, nothing at all”.

People were receiving their medication safely because people’s daily care notes demonstrated that these had been offered or administered in accordance with their prescription. However people’s Record of Medication Books (RoMB) were not always accurately completed. Records showed that RoMBs had missing information where it could not be shown that medicines had been offered or administered. This information had been recorded only in people’s daily care notes. The non completion of the RoMBs meant it was not immediately identifiable to care workers if people had taken their medicines as prescribed.

The provider failed to ensure that accurate and complete records were maintained in relation to each person. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives we spoke with were happy with the support people received with their medicines. Most people using the agency were independent in taking their medicines and required no additional assistance. One person told us the care workers assisted them with taking their medicines and would wait with them to ensure it had been taken safely. When joining the agency people had assessments completed determining whether they were able to administer their medicines independently or required additional support. There were up to date policies and procedures in place to support care workers and to ensure that medicines were managed in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered and disposed of appropriately. Care workers were able to describe how they supported people with their medicines as per the documented assessments. Records and discussions with care workers evidenced that they had received training in the administration of medicines and their competency was assessed by office staff on a regular basis. This meant that people were safely receiving their medicine by suitably trained care workers.

Recruitment procedures were occasionally not fully completed to ensure that people were supported by care workers who were suitable to deliver care. The provider requested, but did not always ensure, that all care workers had provided a full employment history. One care worker file had an employment history however no dates were provided or requested to show whether these had been continuous periods of employment. The provider could not always identify if care workers had a history of working with adults who were vulnerable and that any gaps in this employment could be reasonably explained. The remaining care worker recruitment files were completed and evidenced that they had undergone other detailed recruitment checks as part of their application. These records included evidence of good conduct from previous employers. Recruitment checks also included a Disclosure and Barring Service (DBS) search. The DBS helps prevent the employment of care workers who may be unsuitable to work with people whose needs and conditions make them vulnerable.

People were protected from the risk of abuse because care workers had a comprehensive understanding of signs of abuse and the process to report and addresses concerns. A safeguarding policy was available to care workers with information on how and where to report a safeguarding alert. A safeguarding alert is a concern, suspicion or allegation of potential abuse, harm or neglect which is raised by anybody working with people in a social care setting. Care workers received training in safeguarding adults during induction and were required to refresh this on a 3 yearly basis. Records showed that not all care workers had participated in the regular training reviews however they were able to demonstrate their understanding and knowledge of what actions would raise a concern. One safeguarding concern had been raised by the agency in the previous 12 months regarding a person who had suffered a fall at their home address. The registered manager had correctly referred and resolved the concern with the local authority. People were cared for by care workers who safeguarded their safety.

Risks to people’s health were identified and guidance provided to mitigate the risk of harm. All care plans included assessed areas of risk including people’s mobility, moving and handling needs and skin integrity. Assessments were also undertaken to identify other risks to people who received care and to the care workers who supported them. This included environmental risks in people’s homes

Is the service safe?

including risks of slips, trips and falls and fire hazards. Risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility due to their physical conditions. Information was provided in these people's care plans which provided guidance to care workers about how to support them to remain safe. This included when moving people around their home and transferring in and out of furniture. We saw that guidance provided was followed by care workers when using specialist equipment.

There were robust contingency plans in place in the event of an untoward event such as a fire or power loss in the main office. People's personal records were securely stored on an internet based system. This could only be accessed by staff who had a specialist security device to allow them to access this confidential information. In the event of an adverse situation affecting the office the registered manager and office staff were able to access this information remotely. These processes ensured that people's information was readily available when required. This remote system meant that care workers always had access to the most current information on people's needs via communication with office staff to best support people to stay safe.

There were sufficient care workers available to keep people safe. The agency used a computer based monitoring system to determine the number of care workers required to provide safe care. Before people started receiving care, information regarding their care needs was identified and electronically recorded. The computer system assessed this information against the number of care workers required to support people safely and the potential duration required of the visits. Minimum staffing levels were then identified as a result. Records showed that the agency was working with above minimum staffing levels. One relative told us, "There are enough staff". The registered manager told us the agency was in the position of having additional care workers available to deliver care to more people if required. Office based staff were also suitably trained care workers and were able to be deployed to deliver care when annual leave, training and sickness affected staffing levels. The agency was also able to deploy carers from the other three community response teams if required. There were sufficient care workers to ensure that people continued to receive consistent safe care.

Is the service effective?

Our findings

People we spoke with were positive about the care worker's ability to meet their care needs. Care workers actively encouraged people to regain and retain their independence. One person told us, "They (care workers) are very good, I don't need them to do a lot". One relative said, "They (care workers) understand him...his care is very effective". Another relative told us, "They (care workers) seem well trained".

The provider did not always ensure that people's requirements were met by care workers who had the most current information available. We saw that care workers had not always received refresher training at the time specified as necessary by the provider. Although training had not always been refreshed in accordance with the provider's guidance, care workers were able to demonstrate their knowledge and understanding of key subjects including managing behaviour that challenges. Whilst not all care workers had receiving regular training refreshers care workers were encouraged to ask for additional training in areas of care which interested them. One care worker told us, "The registered manager would help me get training that I would want, she's been very open about that from day one that she'd help find whatever we needed".

People were supported by care workers who received an effective induction into their role with the HCC North Hampshire Hub. The provider had a workbook which supported care worker's induction called, 'Stepping forward, Stepping back'. This was based on the agency's re-ablement programme to promote people's independence. It provided a detailed training guide for care workers which focused on key subjects such as effective communication, the importance of person centred care, the promotion and importance of maintaining people's dignity and the Mental Capacity Act (MCA) 2005. These workbooks supported care workers during their induction and provided opportunities for the provider to test care worker's knowledge. The induction process also included a period of shadowing to ensure care workers were competent and confident before supporting people. Shadowing is where new care workers are partnered with an experienced care worker as they perform their role. This

allows new care workers to see what is expected of them. Records showed that the period of shadowing was extended for care workers who required additional support and to ensure their on-going suitability to deliver care.

People were supported by care workers who received regular supervision and appraisals with their team leaders and the registered manager where appropriate. Supervisions and appraisals are processes which offer support, assurances and learning to help support worker development. Care workers told us they received regular supervisions with their line managers and were a useful process to share ideas and concerns. Records confirmed that supervisions occurred every four to six weeks. This process was in place so that care worker's received support to enable them to conduct their role effectively.

People were supported to make their own decisions and their consent was gained before they received care. The agency supported people who had the mental capacity to make key decisions about their health and wellbeing. People's ability to make decisions had been assessed before the agency started providing care. The registered manager told us that if care workers had any concerns regarding a person's ability to make a decision they would work with the commissioning care manager to ensure appropriate capacity assessments were undertaken. This was in line with the MCA 2005 Code of Practice which guides staff to ensure decisions were made in people's best interests. MCA 2005 training was included in the induction programme care workers undertook when commencing their employment with the agency. The registered manager and care workers were able to demonstrate that they understood the principles of the MCA 2005. This included allowing people to make an unwise decision if they wished. This is a decision which other people may see as contrary to a person's best interests. For example, if people wished to cancel their care or repeatedly refused food the registered manager told us that office staff would visit and speak with that person to ensure they understood the risks of the action they wished to take. An MCA 2005 assessment would be conducted to ensure this person had the mental capacity to make this decision and their rights were protected.

People we spoke with were positive about the support they had to eat and drink. Most people told us their relatives assisted them with their food shopping and preparation. However we could see that people were given choice about

Is the service effective?

what they wished to eat and drink. One person told us, “They (care workers) give me choice on what I eat, they say I’ve got so and so (in the cupboards) and they ask me what I want to eat”. Another person told us “They (care workers) do support my meals, they are brilliant”. The support people received varied depending on people’s individual circumstances. Records showed that people were encouraged to participate in food and drink preparation.

Care workers were available to support people to access healthcare if needed. Records showed that care workers liaised with health and social care professionals if a

person’s health needs changed. People’s care records included evidence that the agency had supported them with access to Occupational Therapists, District Nurses and other healthcare professionals when required. One person identified that their skin was starting to become sore and as a result the care worker liaised with the District Nurse. The care worker remained with this person until the District Nurse had conducted an assessment to assist with moving and handling needs. Care workers ensured that people were supported to access the healthcare services they required to maintain their independence and health.

Is the service caring?

Our findings

People experienced positive caring relationships with care workers. Relatives and people told us that support was delivered by caring staff. One person we spoke with told us, “The (care) staff are very kind and caring”. Another person said, “They (care workers) are always smiling and caring”. A relative told us, “They care for him very well”. Another relative told us, “I would give them 9 out of 10, I couldn’t have managed without them”.

Comfortable and caring relationships had been developed between people and care workers. All people we spoke with spoke positively of the care worker’s caring approach whilst delivering their care. We could see that care workers knew the people they were supporting and interactions between people were kind and friendly. One person told us, “It’s like talking with friends”. Care plans were individualised to each person and contained information which was personalised. This included information about a person’s previous work life and hobbies they enjoyed which was known and discussed by care workers. These assisted care workers to build a rapport and relationship with people when delivering care. We saw that care workers were attentive and compassionate towards the people they were supporting. One relative told us, “The (care) staff are very good, I just think they are excellent for what they do.” Another relative told us that when care workers arrived, “It’s like seeing a friend at the door”. People were supported by care workers who were caring in their approach.

Care workers knew how to comfort people who were in distress and took practical action to relieve people’s discomfort. When people had lost loved family members care workers spent additional time with them to provide additional emotional support. One person told us, “They

(care workers) couldn’t be nicer, nothing was too much trouble, they stayed until my family member came”. People who had been unwell were also provided with additional support, one relative told us, “One time he was unwell, I was at wits end, I rang them and they sent someone within ten minutes, I was so grateful.”

People were supported to express their views and to be involved in making decisions about their care and support. We could see people were asked if there was any additional support that they required during their care visit. When extra time was required to support people with their additional requests this was accommodated. One person told us, “(care workers) Never rush”, another said, “Oh yes, yes, they (care workers) are very flexible”. A relative told us, “The (care) staff are very nice and helpful, they always ask if there is anything else they can do”. Care workers were able to explain how they supported people to express their views and to make decisions about their day to day care.

People and relatives told us that they were treated with respect by the care workers. One person told us “I would say they (care workers) are very respectful”. A relative told us, “The care workers are very kind and respectful, they know (relative) very well and we know them, they are very kind”. We saw care workers knocked on people’s doors requesting permission to enter and assisted people delivering care in a sensitive way. When care workers were moving people with specialist lifting equipment care was taken to ensure that the person was covered sufficiently so that their dignity was protected. This person told us, “Nothing is too much trouble, they (care workers) know I don’t like the hoist and don’t keep me in it”. People were assisted by care workers who provided them with care which respected their dignity.

Is the service responsive?

Our findings

People told us the care workers took time to know who they were and addressed them as individuals. People were engaged in creating their care plans and relatives were able to contribute to the assessment and planning of the care provided.

People's care needs had been fully assessed and documented before a care package began. Assessments identified people's support needs and care plans were developed outlining how these needs were to be met. Records showed that care plans were subject to regular reviews, two or three times during the six weeks people received care. People told us they received reviews of the care to ensure it was still relevant to their needs. Relatives were also encouraged to be involved during the creation and review of care plans. One care worker told us that if family were not present during the care plan creation, and the person wanted, they would seek their family's feedback. This member of care worker told us, "Care is as much family involved, they have an input and it's a valid one." People were supported to express their views, one relative told us, "They (care workers) do listen to him, I notice that".

The agency did not provide a timed service. This meant that people did not have structured times or length of appointment. Morning, lunchtime, tea and evening appointments would occur within an identified time period of three hours. Where specific preferences for visiting times from people were requested these were accommodated. The provider used a computer rostering system which would be updated to reflect this need which care workers followed. People told us that when they had medical needs on particular days care visit times had been consistent. As the agency was not timed based it meant people were supported on a priority needs basis. It also allowed care workers to spend sufficient time to ensure that people

received their care in a person centred way. One person told us, "It's never happened (late visits) never late, I'm happy with the timings". One relative told us, "Sometimes they stay longer or shorter, it depends on what's needed."

People were encouraged to regain and maintain their independence and undertake their own personal care. Where appropriate care workers prompted people to undertake certain tasks with their support. One care worker told us, "I encourage people to do things for themselves, so I'll say that I'll do some and you do the rest...it's part of the re-ablement". Another care worker told us they, "Encourage people to do little things like making a cup of tea and you can work from that to heating a dinner up....by prompting and encouraging". People told us that care workers would support them to assist themselves. The agency provided short term care to assist people to regain their independence. Care workers and people told us this was happening.

People knew how to give their views and raise concerns or complaints. We saw that the agency's complaints process was included in information given to people when they started receiving care. Additionally a feedback booklet titled, 'Tell us what you think' was available for people in their service user information. This included a form to allow people to provide positive and negative feedback. The booklet was made accessible for people with different communication needs to ensure that it was accessible to all. It could be requested in alternative languages to English, large print, audio and braille versions. We could see these booklets were being used to provide positive feedback thanking care workers for the service they provided. One relative told us, "I would feel quite comfortable raising a concern, I have the folder and a telephone number, I haven't raised any concerns so far". Records showed that one complaint had been received in the last 12 months relating to payment of care fees. This complaint had been raised, investigated, resolved and responded to appropriately.

Is the service well-led?

Our findings

The registered manager promoted an open culture at HCC North Hampshire Hub and sought feedback from people using the service, their relatives and care workers. Not all the people we spoke with knew who the registered manager was however they were confident that the service was well led. One relative told us, “The manager was absolutely wonderful, (the agency is) very well led”. People told us they were satisfied with the quality of the service provided.

However, auditing processes were not always effective in identifying omissions in the completion of paperwork. The provider undertook an annual medication errors audit, however this covered all four of the community response teams. As a result the registered manager was unable to identify what specific areas for improvement had been identified in relation to the HCC North Hampshire Hub. This audit focused on a number of main areas including assessment and risk management of medication support and consent to care and practice. This audit had identified that there was to be a review of staff training and competency assessments to ensure that there was clarity around what should be recorded and when. This audit had been undertaken and recommendations made however we could see that care workers were still not completing the Record of Medication Book (RoMB) accurately to reflect when people had been receiving their medication.

The provider did not always have effective robust record and data management systems available to support the delivery of high quality care. The agency’s training plan for care workers was viewed. It was not accurately completed with the correct information about when people last completed their training. This also identified that people were due to attend refresher training, however evidence in the person’s training file stated that this had been completed. This system had not been audited to ensure that where gaps in training were identified these were filled with the evidence that was available to them. As a result of this system care workers who had been unable to attend a training session had not been identified as a priority to complete this at the next available opportunity. After the inspection the registered manager identified the courses which were required by care workers and placed them on the required courses. Processes had been reviewed and a

decision made that the training plan was also no longer going to be held by an external department. Ownership of this training plan was to remain within the agency so that it could be better monitored.

The provider did not ensure that effective quality assurance and auditing processes were in place to support the delivery of care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers told us there was a open and honest culture within HCC North Hampshire Hub. Care workers told us that the registered manager would listen to their concerns. One care worker told us, “I’m not afraid to ask the registered manager at all, she’s open”. Another care worker said, “I think of all of my colleagues if anyone had any issues there wouldn’t be a problem speaking with the registered manager, they could be honest.”

Although people spoke positively about the care they experienced some people were not satisfied with the level of communication from the agency regarding the ‘non-timed service’. People did not always feel that they were kept informed when there had been a delay in care workers attending to support them. One relative we spoke with told us, “I think it’s well led apart from the visit timings...they never ring to say they are late, I always have to ring them to find out if they are coming. I don’t know if they are honest with me, I think they just fob me off about times, I always seem to speak to a different person at the office”. Another person told us they had had to ring the agency twice in the month before the inspection as they had not been informed that their care worker had been delayed. The registered manager acknowledged these concerns and identified that it was not uncommon for people new to the service to not fully understand the concept of receiving an untimed service. They registered manager told us “This issue is one of the challenges the agency experience regularly in the modernisation of the delivery of social care for the department and nationally.” To ensure this type of service was fully understood senior carers were asked to hold more detailed discussions with people once they had settled within the familiarity of their own home. This would assist people in understanding that the timing of their visits would be within a specified time frame however may not be consistent unless specifically requested.

Is the service well-led?

The registered manager was a visible presence within the agency and care workers told us they felt supported by them. One care worker told us, “I feel supported by the registered manager and my colleagues are very supportive”. Another care worker told us that there had been times on a personal level where they had required additional support which had been provided by the registered manager and told us, “She’s definitely supportive”. When care workers had not been achieving the standards of care that was required of them there was clear accountability for their actions. Action plans had been put in place to support care workers when they had not been meeting the provider’s required standard in care delivery. Care workers told us that they understood their roles and responsibilities.

In order to ensure high quality care was being delivered the provider undertook spot checks with care worker. These spot checks included observing the standard of the care provided, documentation completion and medicines administration. They also ensured that care records kept at people’s homes were appropriately completed. Results from the spot checks were placed within care worker files and used to form action plans when it was identified care worker required additional assistance. These included timescales for the completion of training actions and regular reviews to ensure they were still relevant and required.

The agency was currently supporting other re-ablement services by providing care workers to assist their care workers. This meant that care workers were also delivering longer term care to people where no alternative care provider could be identified. Care workers told us that they were being kept updated with the changes in the service and knew why they were working at alternative locations. One care worker told us, “We’re all understanding and do the best that we can, it can be stressful (with the changes) it would be nice to get back to re-ablement. Everyone is working hard, we’re getting thanked by the registered manager and the county service manager”. The provider ensured that care workers were aware of the challenges the service faced and was working with them to support partnership agencies whilst still providing high quality of care to people using the agency.

People using the service, relatives and care workers spoke highly of the agency and the quality of the service provided. People and relatives told us they had a high degree of satisfaction with the service. One person told us, “I think it’s a very good service, they (care workers) are really helpful. I would give them 10/10, nothing to improve”. Another person said, “It’s a good service, they (care workers) have empathy”. A relative told us, “I feel the service is brilliant”.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider failed to ensure that accurate and complete records were maintained in relation to each person. Reg 17 (2)(c)</p> <p>The provider did not ensure that effective quality assurance and auditing processes were in place to support the delivery of high quality care. Reg 17 2(f)</p>