Nayland Care Agency Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Nayland Care Agency Limited provides personal care and support to people living in their own homes. On the day of our inspection on 1 August 2017 there were 160 people using the personal care service. This was an announced inspection. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available.

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

At our last inspection of 30 November and 8 December 2016 this service was rated requires improvement overall. Effective, Caring, Responsive and Well-led were rated requires improvement and Safe was rated as inadequate. We had identified a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to person centred care, safe care and treatment, good governance and staffing.

You can read the report from our last comprehensive and focused inspection, by selecting the 'all reports' link for Nayland Care Agency Limited on our website at www.cqc.org.uk.

The service sent us an action plan they were working on with the local authority to improve the service. During this inspection on 1 August 2017 we found improvements had been made. Some were ongoing and not yet fully implemented and embedded in practice.

Improvements had been made in how the service monitored and assessed the service provided. This included spot checks on care workers and asking for people's views about the service they were provided with. The service had purchased a computerised system which assisted them in the planning of visits and monitoring including, missed and late visits. This was not fully implemented and embedded in practice, for example people were still experiencing late visits and not having their preferences met relating to the way the rota was managed. The provider told us about the plans for the future to further improve and assured us that this system would improve people's experiences of the service.

We had received concerns about the recruitment processes in place. This included checks made with the disclosure and barring service (DBS). We found that the service had taken immediate action to address this. However, we found that further improvements were needed in the way that the service kept records about any disclosures.

Improvements had been made in how the service provided safe care to the people who used the service. The services' medicines policy had been reviewed and updated. Systems were now in place to guide staff on the support that people required with their medicines. Systems had been improved in how staff had

recorded when people had been assisted to take their medicines. Risk assessments were now in place which guided care workers on how the risks to people, relating to their specific conditions, falls and risks associated with people's homes. People told us that they felt that the care workers treated them with respect.

There were systems in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood their roles and responsibilities in keeping people safe.

Improvements had been made in how the service recorded care worker induction and shadow shifts. Improvements had been made in the training and support provided to care workers.

People's care records had improved and clear guidance was provided to care workers in how people's individual needs and preferences were met. This related to the person centred care they required and preferred, including relating to their dietary requirements and independence. People told us that they were involved in the planning of their care. Records included information about people's capacity and the service understood the principles of the Mental Capacity Act 2015 (MCA). Where required, people were provided support to access health care professionals.

There was a complaints procedure in place and people's concerns were addressed in a timely manner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Improvements were needed to ensure that the recruitment processes in place are robust.

There were systems in place to keep people safe from abuse. People were provided with safe care.

There were enough care workers to ensure that the planned visits to people were completed. However, people were still receiving late visits.

Where people needed support to take their medicines they were provided with this support in a safe manner.

Is the service effective?

Good

The service was effective.

Care workers were trained and supported to meet the needs of the people who used the service.

The service was up to date with the requirements of the Mental Capacity Act 2005.

Where required, people were supported to access appropriate services which ensured they received ongoing healthcare support. Where people needed assistance with their dietary requirements this was identified in people's care records.

Is the service caring?

Good

The service was caring.

People had good relationships with care workers and people were treated with respect and kindness.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Improvements had been made in how people's care was assessed, planned, delivered and reviewed to meet their individual needs. However, further improvements were needed to ensure that people were provided with a service which was responsive to their needs at all times, including their visit times.

There was a system in place to manage people's complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

People were still experiencing late visits and problems with using the out of hours on call system. The way the rota was managed was not always robust to ensure that late visits were managed effectively.

Improvements had been made in the service's quality assurance system and shortfalls were being addressed. However, this was not fully implemented and embedded in practice.

Nayland Care Agency Limited

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.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We reviewed other information we held about the service including notifications made by the service and information received from stakeholders and members of the public.

This announced inspection took place on 1 August 2017 and was undertaken by one inspector and one inspection manager. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available. We visited the service's office and checked records relating to the service.

We spoke with the managing director, deputy manager, a member of the administration team who were responsible for checking training and support for care workers were up to date, a team leader and a care worker. We looked at records in relation to 11 people's care. We also looked at records relating to the management of the service, 10 recruitment files, training, and systems for monitoring the quality of the service.

Following our inspection visit we made telephone calls to people who use the service and relatives. This was undertaken by one inspector and two experts by experience. An expert by experience has experience of caring for people who use or have used this type of service.

We spoke with 17 people who used the service and the relatives of 13 people on the telephone.

Requires Improvement

Is the service safe?

Our findings

At our last inspection of 30 November and 8 December 2016, Safe was rated as inadequate. We found improvements were needed in the support provided. This included missed and late visits to people, medicines management, and the systems in place to keep people safe.

Following that inspection the registered manager sent us their action plan which they were working on with the local authority to make improvements in the service. During this inspection on 1 August 2017 we found some improvements had been made, which were onoing and not yet embedded in practice. In addition the improvements the service had made in the systems in place had not yet been felt by everyone using the service, some people were still experiencing issues relating to missed and late visits.

The managing director told us that following our inspection there had been further issues with meeting the service commitments to provide support. This was confirmed in concerns we had received about planned visits being late or missed. As a result of this the managing director and the registered manager worked with the purchasing authority to improve the service. To ensure that the improvements were completed fully the service made a decision to reduce the number of people and visits they provided until they could be assured that there were enough staff in place. This enabled them to develop a team of care workers who were suitable for the role and to monitor and assess their capacity to cover visits in a more structured way.

The provider had purchased a new electronic care planning system. The managing director told us that they were confident that, once this was fully functional the rota system would improve and reduce risks of missed and late visits. At the time of our inspection the registered manager was on leave and the managing director was unable to demonstrate that there was a clear recording system in place which showed the actual planned visit times for people. Without this we could not be assured that appropriate and safe planning for visits was in place. Following our inspection the managing director contacted us to tell us that the electronic system did include actual visit times, they had not been aware of the progress made. We received varied comments from people about late and missed visits and there were still concerns raised about late visits. For example, one person said about their care workers being late, "What can you do? I'm used to them. I think it's because they are short staffed. I have never complain I just take it on the chin." One person's relative said, "We never know what time they [care workers] are going to roll up." One person's relative told us that there had still been recent missed visits where they had to assist their relative instead of the care worker who had not arrived. They told us they had spoken with the office about this. Another relative said, "Punctuality is not very good, I have to call the office to check if someone is coming. They [care workers] always apologise when they come late, but they laugh when they are saying it. I'm sorry I am old fashioned and expect manners and punctuality."

People told us that they felt safe using the service and with their care workers. They said that they had recently seen improvements, this included where they had not felt safe with care workers visiting them who did not speak English well. One person said, "I didn't feel at all safe a few months back when all [care workers who did not use English as their first language] were sent, I didn't know who was coming. I couldn't understand what they were saying. But now it's much better and I feel safer." Another person commented, "I

get regular carers that I know really well, so that keeps me safe and happy." One relative told us, "The continuity of carers is much better now so we feel [person] is safer."

Since our last inspection we had received concerns that care workers were working without an appropriate disclosure and barring service (DBS) check. This was confirmed in correspondence from the service. As a result a staff member had been deployed to take responsibility of checking all of the recruitment processes and ensuring recruitment checks had been received. The managing director told us that all of the care worker recruitment records were now up to date and complete. We reviewed the recruitment records of ten care workers. We found that these records demonstrated that DBS checks and references had been received. However, we found that where care workers had a previous criminal conviction there were no risk assessments or records in place to show how the service had considered this and made the decision to employ the person. Even though we could see from one record that the care worker had declared the conviction and written on a document that this had been discussed at interview. The managing director understood why this was needed to ensure that any risks were reduced and they assured us this would be done.

Since our last inspection the service's management team had reviewed and updated the medicines policy and procedure which guided care workers on how to safely support people with their medicines. People's care records had been reviewed and included clear guidance on the type of support that they required with their medicines and any risks that care workers needed to be aware of. Medicines administration records were collected by the team leader and records were now in place to show that these had been reviewed to ensure that they had been appropriately completed. Care workers were advised where improvements were needed to ensure that people were provided with their medicines safely. Care workers had been provided with updated medicines training. There were competency observations on care workers when supporting people with their medicines to ensure this was done safely. This meant that systems were in place to reduce the risks associated with medicines management.

Where people required assistance with their medicines they told us that they were satisfied with the arrangements. One person said, "I look after my own [medicines]. They [care workers] do a little check when they come if I have taken them." Another person told us, "I do them [medicines] myself, I've got one of those little boxes to help me remember when I need to take them. I am [age] and do worry I will forget to order them. I told [care worker] and now they remind me." Another person said, "My main carer rang the surgery because I needed my creams urgently. [Care worker] got it sorted for me." One person's relative told us about the care workers, "Put cream on [person's] joints, very good really." Another relative said, "They collect [person's] prescription and they give [person their] medication."

People's care records had been reviewed and included detailed risk assessments and guidance for care workers on the actions that they should take to minimise the risks. These included risk assessments associated with moving and handling, falls, people's specific conditions and risks that may arise in people's own homes.

The service had improved the way that they recorded and monitored safeguarding concerns. There was now a detailed log in place to show what actions had been taken to reduce future risks, for example providing training to care workers. The managing director told us that they had received information from the local authority and they had updated their knowledge on internal investigations which would improve the investigations they were requested to complete by the local authority safeguarding team. Care workers were provided with training in safeguarding and they understood their roles and responsibilities in this subject, including how to report concerns. The service's employee handbook provided care workers with information relating to safeguarding including confidentiality and accepting gifts from people.

Good

Is the service effective?

Our findings

At our last inspection of 30 November and 8 December 2016, effective was rated as requires improvement. We found improvements were needed in the training and support provided to care workers.

Following that inspection the registered manager sent us their action plan which they were working on with the local authority to make improvements in the service. During this inspection on 1 August 2017 we found improvements had been made. Systems were now in place to provide up to date training to care workers and to provide them with the opportunity to discuss the care they provided and receive feedback in one to one supervision meetings.

Since our last inspection the provider had a new staff member in the support team. Their responsibilities included maintaining a record of the training that care workers had received and advising team leaders when training needed to be updated or had not been completed. Records showed that care workers were provided with training in subjects including moving and handling, dementia, and safeguarding. A member of staff told us as well as the face to face training a new training assessed workbook system had been sourced and the registered manager had identified key subjects that care workers were also required to complete. This was in the process of being rolled out to all care workers. A further improvement had been made in the dementia training for care workers, which included virtual training which assisted care workers to experience some symptoms of dementia that people may be living with. A team leader had been trained in delivering moving and handling training, this was beneficial to the service because if any issues arose with concerns about care workers practice training could be provided immediately.

Improvements had been made during care worker induction. At our previous inspection we found that the shifts for new care workers that shadowed more experienced colleagues were only recorded on the rota. There were now 'care passport' documents in care worker personnel files, which identified shadow shifts had been completed and they had been shown how to support people effectively and had been observed undertaking tasks.

Improvements had been made in the way that care workers were supported and provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This included in regular documented one to one supervision meetings. This showed that the systems in place provided care workers with the support and guidance that they needed to meet people's needs effectively.

People told us that they felt the care workers had the skills and knowledge that they needed to meet their needs and this had recently improved. One person said, "I think the staff are well trained, they always help me to get showered and dressed and I always feel very comfortable with them." One person's relative said, "[Person] found the carers a few months ago were not well trained and [they] felt unsafe. Now [person] has more competent carers [person] feels safer."

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.

During this inspection records reviewed showed that care workers had been provided with training in the MCA. People told us that they were consulted about their care and that the care workers asked for their consent. One person told us, "The staff always ask consent before they do anything, they are very kind, they do a great job."

People's records included information about how people made their own choices and consent to their care. This showed that systems were in place to ensure that the service worked in line with the MCA principles and people's consent was sought before any care and treatment was provided and the care workers acted on their wishes.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Care records included information about people's preferences regarding the food and drink they liked. One person said that their care workers, "Do me a sandwich and make me a drink, I choose what I want. They [care worker] stays with me to make sure I have eaten." Another person said, "They do understand me. They make my breakfast, lunch and tea."

People were supported to maintain good health and have access to healthcare services. One person said, "They know me very well and if I need them to phone a doctor they will do so. I feel very supported." Records showed that where concerns in people's wellbeing or needs were identified, health professionals were contacted with the consent of people.

Good

Is the service caring?

Our findings

At our last inspection of 30 November and 8 December 2016, caring was rated as requires improvement. We found improvements were needed in the way people were provided with a caring service at all times.

Following that inspection the registered manager sent us their action plan which they were working on with the local authority to make improvements in the service. During this inspection on 1 August 2017 we found improvements had been made.

People told us that their care workers treated them with kindness and respect. One person told us about the regular care workers that visited them, "They are brilliant, very kind, wonderful." Another person told us, "I like [their regular care workers] very much, I can't fault them." Another person said, "You can have a laugh and a joke with the carers. They're great. I really look forward to them coming." Another person told us, "I think my carers treat me as a person and know me as a person. That's a good feeling." One person's relative commented, "They [care workers] are very good with [person]. They get on well." Another relative said, "The carers are very pleasant to [person] and [person] enjoys their company."

People told us that they were now provided with care workers who they knew and trusted, which they preferred. One person commented, "My main carer does more than [they] need to goes that extra mile. [Care worker] is lovely." One person's relative said, "[Person] had 17 different carers a few months back, but now it's five or six, so it's much better for [them]." Another relative commented, "We know all the staff by name and they know us very well. They know [person's] needs, that is very important. We normally have [names of two care workers] and [name] is the team leader."

People's records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected. One person told us, "Some days I can do more than on other days, so the carers let me do what I can with washing and dressing depending on how I'm feeling. Then they will do whatever it is I want them to do." One person's relative said, "[Person] has dementia, but the carers always give [person] choices about things like what [they] want to wear and eat, so [person] can retain some independence." Another relative told us, "They encourage my [person] to use [their] Zimmer frame so [they] can walk more safely encouraging [person] with [their] independence."

People told us that they felt that their views and comments were listened to and acted on. One person said, "They know me very well as an individual." Records showed that people had been involved in their care planning, including during their care reviews. The records included information about people's likes and dislikes, how they preferred to be cared for and their preferred form of address. One person's relative told us that at the most recent review of care, "[Person] was asked what [they] would like to be called and [person] said [title and surname]. Up to that point the carers had been calling [person] by [their] first name. So this change happened immediately, which made [person] feel better."

The records also included information about what people liked to talk about and their hobbies and interests. This provided care workers with information that they could use to maintain discussions with

people about things that interested them. One person told us about how their care plan had recently been reviewed and updated, "A couple of months ago someone came and spoke with [person] and myself. They were very polite, very caring, good at [their] job, A1."

People told us about how they felt that the care workers respected their privacy. One person said, "The carers will always draw the curtains before they start anything and shut the doors if there's anyone else in the house."

The staff we spoke with talked about the people using the service in a compassionate manner. They understood why it was important to listen to people and respect them. The records service's own monitoring system where people were telephoned to check that they were happy with the service showed that people stated that their care workers were respectful.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection of 30 November and 8 December 2016, responsive was rated as requires improvement. We found improvements were needed in how the service assessed, planned for and provided care to people to meet their specific needs.

Following that inspection the registered manager sent us their action plan which they were working on with the local authority to make improvements in the service. During this inspection on 1 August 2017 we found improvements had been made. People's care plans had been reviewed and updated and provided detailed guidance to care workers on how people's individual needs were to be met. However, further improvements were needed to ensure that the service fully responded to people's preferences regarding their visits.

People and relatives spoken with showed that they were not always satisfied with the times of their visits. One person's relative told us that the person should have a visit at 7.30pm but care workers arrived at 6pm, "It is too early to get ready for bed then. We have been told that the last visit is 7.30pm." They also raised concerns about what a care worker had told them about if a person did not want to go to bed at this time. We asked the managing director about this and they agreed they would look into this and take action where necessary. We also received a comment from a person regarding their bed time visits. They said, "During the day visits they do tend to run late the afternoon call should be around 4pm but they usually turn up around 5pm then return again at 7pm to put me to bed. I feel this is far too early, having spoken with the carers about this they told me unfortunately I am the last call so there is nothing they can do."

The managing director shared an example of how one person had raised concerns during their telephone monitoring contact about their visit time, which they had reported was being done two hours before the planned visit time. As a result the managing director had arranged to visit the person to discuss their concerns. Of the 11 care records we reviewed only two had the specific times that visits were to be completed. For example, one stated, "Two carers, 45 minutes AM, 30 minutes PM). There were no clear records maintained in the office about people's planned visit times. The managing director said that this information would be included in the initial discussion at assessment, but this could not be found during our inspection. The managing director told us this would be addressed. The rota provided to care workers just included the time of the first visit and the length of time each person was to be provided with their visits. We asked a care worker about the times of people's visits and they told us they began at the start time of their first visit on the rota and worked through each person on the list giving the agreed amount of time.

At our last inspection we found that people's preferred gender of care workers was not recorded and respected. During this inspection we found that it had been identified in their care plan. However, a person told us that at weekends they did not always get their preferred gender of care workers and they had raised this with the office, but this was not addressed. Another person said that they had been asked about this when they started using the service but it was not always respected. The managing director told us that at referral the service advised the referrer if a specific gender worker was available and asked if there was an objection. They tried as much as possible to respect people's wishes. Some people told us that they now accepted care from males or females because they had been allocated both male and female individual

care workers they trusted and liked. One person's relative said, "We did complain once as they sent two [gender] staff which [person] wasn't comfortable with. The office did apologise and said that only happened in an emergency."

The service had clearly worked hard to improve people's care plans. The care plans had been reviewed and updated and were now person centred and identified the care and support that people were to be provided with to meet their specific needs. This included information on people's conditions, how these affected them and guidance for care workers how their needs were to be met. One person told us how their care plan included information about their condition. They said that the care they received was responsive to these needs, "They [care workers] know about my [condition] and they take care when they are helping me." The care plans included information for care workers on the step by step care people required and preferred, including how their needs were to be met and their visions for the future.

People confirmed that their care plans had recently been updated, they had been visited in their home to discuss their preferences and their care was personalised. One person said, "[Name] came from the office to sort out my care plan, was with me for a few hours. I am waiting for a special hoist to arrive. I will then be doing another care plan. I have been told the carers will be doing on the spot training. I am very happy with that." One person's relative said, "We are very involved with the decisions regarding [person's] care. We had a review two weeks ago. They came from the office myself and [person] were involved with [person's] plan, very happy with it."

Improvements had been made in the way care workers recorded on people's daily notes. These now included people's wellbeing and any concerns. The minutes from a care worker meeting in March 2017 advised care workers that they were to ensure that any changes in people's wellbeing and behaviour was to be recorded in these notes to ensure any changes in their health could be monitored.

People knew how to make a complaint and felt that they were listened to. One person told us about a concern about a care worker they had recently raised with another care worker, who had reported this to the management team. The first care worker had not visited them since. Another person said, "My main carer sorts out any problems I have. [They] will ring the office for me if I want [them] to. [Care worker] is great." One relative commented, "There was one carer we couldn't get on with, so we told the office and they didn't send [care worker] again." Another relative said, "I e-mail or ring the office with my queries and I usually get a quick response." Another told us, "I did discuss the service with the office when [person] was sent a carer, [who] was quite rough. The office didn't send [care worker] again."

There was a complaints procedure in place and people were provided with information about how to complain in their handbook. Records showed that where complaints had been made, they had been responded to and addressed in a timely manner. We could see from the records that there had been a reduction in complaints received by the service since March 2017.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection of 30 November and 8 December 2016, well-led was rated as requires improvement. We found improvements were needed in the governance of the service, including how they monitored and assessed the service provided to people. We found that the systems in place were not robust enough to independently identify shortfalls and take action to ensure that people were provided with a good quality service at all times.

Following our last inspection the registered manager sent us their action plan they had been working on with the local authority. During this inspection on 1 August 2017 we found improvements had been made. Some were ongoing and not yet fully implemented and embedded in practice. The service had sought and accepted support from the local authority and they worked on their improvement plan to make the improvements within set timescales. The managing director provided us with the up to date plan which showed how improvements were monitored and made. The service had voluntarily reduced the number of people's care packages until they had made the required improvements. This had allowed the service to assess and monitor their capacity to provide care visits in a managed and effective way. Feedback from the local authority which we had been receiving since our last inspection showed that improvements were being made.

The managing director told us that they felt that they had learned from the shortfalls we had identified at our last inspection and that they were committed to not being in the same position again. They felt that the management structure was now back in place and they had worked through the action plan effectively and they had a good team in place, including care workers. The management in the service had written a letter to all the people using the service in March 2017. This explained what had gone wrong, what the service were doing to improve their experiences of the service they were providing. In addition the managing director told us, they had written to people, or their relatives, where appropriate, to apologise when things had gone wrong, in line with their duty of candour policy.

One person told us, "It has improved, I know the number [of care workers] got low, much better now. I get regular [care workers]." Another person said that the service was, "Improving all the time." Another person commented, "Since April staff have been much better I think they are using local staff, they seem much more loyal. They will always stay a bit longer if they need to." One person's relative commented, "The turnaround has been like the difference between black and white. It was awful six months ago, but now it's much better." Another relative commented, "There have been some improvements, but the organisation needs to step up to the mark. There's more to be done."

Some people told us that they had positive experiences when they needed to speak with office staff. One relative said, "I've only contacted the office once, but they listened and sorted out my problem quite quickly." Another commented, "The office sorted out all our teething problems in two weeks." However, from other comments received from people and relatives we found that the service had some work to do to develop and regain confidence in the office and management staff. One person and one relative told us that they were not happy with the service and the experiences they had of them and therefore they were looking

at using another service. Another person said, "Sometimes I get in a muddle and I need help quickly. I ring the office staff but they don't help me and don't pass my messages to the carers. I don't have any confidence in the office staff." Another person told us, "[Office staff] don't do what they say they're going to do, so nothing gets done." Another person commented that they were not made aware by the office if care workers were running late and they had arrangements with the care workers who let them know direct, they said, "If they're going to be late the carers ring me. I wouldn't trust the office to get in touch."

All of the staff we spoke with told us that they felt that significant improvements had been made in the service, including the care provided to people and the running of the service. They were committed to the visions for the future and the ongoing improvements in the service to provide a good quality service to people at all times. One described the leadership in the service as, "Brilliant," and, "I am happy to work for Nayland." Another staff member said, "[Registered manager] has worked so hard."

Improvements had been made in the services on call system, this also included the out of hour's telephone number that people could use, for example if their care worker had not arrived at the expected time which was out of usual office hours. There were seven staff on call which were organised to ensure that all geographical areas that the service provided a service in where covered. The managing director told us how the out of hours on call service was monitored to ensure that messages were passed on and appropriate action had been taken. This included a log of telephone calls received which were returned to the office on a weekly basis and the registered manager checked these. Records confirmed what we had been told. However, we still received concerns about how people found it difficult to contact someone out of office hours. One person's relative said, "You can't always get them, I called the other morning at 8.20am and could not get anyone." Another relative said, "The out of hours phone service is not very good and needs improving, they tend not to answer the phone and if you leave a message they are not very quick in answering you back."

The managing director told us how they had improved the system to checking that people were satisfied with the service. This included telephone calls to people to check their satisfaction. We saw the records of these which included information about how people had seen improvements in the service, including now receiving regular care workers for their visits. However, comments we had received from people were varied regarding if they felt that their visits were on time or not.

We could see from our assessment of records and the comments from some people that one of the root issues in the service relating to late visits was because the service was not identifying the actual visit time of people in their care records and on care worker's rota and the management of the planned visits. This was in the process of being improved. Improvements had been made in the way the service completed late and missed visit logs. However, for the late visits there was no time on the planned visit time and how late they were. Without this information, the service cannot effectively assess late visits. We reviewed the daily notes of two people to check if there were consistent visit times. However, in one of these the morning visit ranged from 9am to 11.40am and the afternoon visits ranged from 4.05pm to 5.15pm. The managing director told us that they had obtained a new computerised system which they were confident would improve the way that the rota was managed and people's experiences. This was not yet fully implemented and embedded in practice. The managing director told us they had seen an improvement in the reduction of missed visits.

We also received information of care workers not providing the full amount of time to people that they had been assessed as required to meet their needs. One person's relative told us that the care workers did not always stay for the agreed length of time. They said that sometimes it could total up to two hours each week that they had cut short visits. Another relative said, "Sometimes the carers rush [person's] care. They might only stay 10 to 15 minutes when it's supposed to be half an hour. It's not the regular carers, they're alright, it

is the ones we don't know so well. They just rush in and out, especially if they're running late." We asked the managing director about this, they told us that this was being in the process of being addressed in audits and checks.

Improvements had been made in how the service ensured that new care workers felt supported in their role. This included making telephone calls to them during their probationary period and face to face reviews to receive feedback. The managing director told us how this had been effective because, through this system, they had been able to receive feedback from a care worker about their work pattern and make adjustment to ensure that their rota was designed to support them to ensure it did not affect their existing health condition. Team meetings were now taking place regularly in each area. These allowed changes and improvements in the service to be communicated to care workers, for example changes in their work requirement or people's needs.

The service had worked on improving care worker retention and the managing director told us that they had recently seen a reduction of care workers leaving the service. They had introduced a benefit system for care workers. The service had employed two human resource staff, these were responsible for ensuring recruitment checks were received and filed and that training, supervision, competency and spot checks were all up to date and recorded.

Surveys had been completed by people and care workers which were in the process of being analysed. These provided people and care workers with the opportunity to share their views of the service. People told us that they had been asked for their views about the service, this included they had been contacted by the office shortly before this inspection to ask them what they thought of the service and how it could be improved. One person told us that staff had been to their home with a survey and had helped them to complete it. These surveys had recently been received and were in the process of being analysed. The returned surveys we saw were positive in their comments about the service.

Improvements had been made in how the work practice of care workers was monitored. The service were now undertaking regular spot checks on care workers. These are observations on care workers when they were supporting people who used the service to ensure that they were caring for people at an appropriate standard. Records showed that during these observations people using the service were also asked for their views about the care provided.

Improvements had been made in how the service recorded and monitored any safeguarding and complaints. There was a detailed log in place which enabled the service's management to monitor these and that the outcomes had been appropriately managed.

Although the service had clearly worked hard to make the required improvements these were not all fully implemented and embedded in practice. The managing director assured us, and we could see from records, that these improvements were ongoing and the service took the satisfaction of people seriously.