

Accord Housing Association Limited

Direct Health (Nottingham City)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Direct Health (Nottingham City) is a domiciliary care agency. It provides personal care to people living in their own homes within and around Nottingham City. It provides a service to older and younger adults living with a range of health conditions and needs, to live independently in the community. Not everyone using Direct Health (Nottingham City) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, 303 people were receiving personal care as part of their care package.

People's experience of using this service and what we found

Whilst improvements had been made since our last inspection in how people received their care, people were not consistently receiving care that was responsive to their individual needs. People had experienced late calls and missed calls and whilst no person's safety had been put at risk, improvements were required. Action was being taken provide people with regular staff and for calls to be made within the allocated timeframe.

Staff had received training in safeguarding adults. Allegations or suspicion of abuse were reported and acted upon, where action was required to protect people this was completed. Improvements had been made to the completion of assessments and guidance provided to staff of how to safely provide care. Information was detailed and up to date.

Staff recruitment was ongoing and in areas where recruitment and retention of staff was problematic, no new care packages were being accepted until staffing levels had increased. Robust checks were completed on staff's suitability to provide care before they commenced their employment.

Where people required support with the administration of medicines, improvements had been made to the guidance provided for staff. Additional checks and monitoring had also been introduced. People were protected from the risk of cross contamination because best practice guidance in infection control practice was followed.

Incidents and accidents were reviewed and analysed for lessons learnt and action was taken and shared with staff to reduce further reoccurrence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported support this practice.

Staff received an induction and ongoing training and support. This included opportunities to discuss their work and development needs. Staff practice was monitored. Staff shared information with healthcare professionals to support people with their ongoing care needs. People's health was monitored, and staff took action if people required urgent assistance. Where people required assistance with nutrition and

hydration needs, staff had detailed guidance.

People were complimentary about staff and considered them to be kind and caring. End of life care considered people's wishes and preferences. Staff provided care that was respectful about people's privacy and dignity. People's communication and sensory needs had been met and were understood by staff.

The provider's complaints procedure had been shared with people and when concerns and complaints had been received these had been responded to. People had opportunities to share their experience about the service. The provider had systems and processes to monitor the service and since the last inspection, improvements had been made to increase oversight and accountability. The provider had an ongoing action plan and the management team showed a commitment to continually improve the service.

Rating at last inspection

The last rating for this service was Requires Improvement (published 29 June 2018). The service has improved to an overall rating of Good. Responsive remains Requires Improvement, further action was required to ensure people received a service that was consistently responsive.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Direct Health (Nottingham City) on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Direct Health (Nottingham City)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, one assistant inspector and one Expert-by-Experiences. This is a person who has had personal experience of using or caring for someone who uses this type of care service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, at the time of our inspection the registered manager was unavailable due to leave.

Notice of inspection

We gave the service 48 hours' notice of the inspection. Inspection activity started on 11 June 2019 and ended on 12 June 2019. We visited the office location on 13 and 14 June 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We reviewed the last inspection report and information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service and 14 relatives about their experience of the care provided. We spoke with 16 members of care staff, the care services director, a care coordinator and care assessor. We reviewed a range of records. This included ten people's care records. We looked at nine staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service told us they felt staff supported them from the risk of abuse and avoidable harm. One person said, "I'm happy and safe with the people who call to help me." Another person said, "I feel safe enough with them (staff) all, none are nasty. Nice enough."
- The provider had ensured staff were aware of their role and responsibilities to safeguard people. Staff had received safeguarding training and had access to the provider's safeguarding policies and procedure. A staff member said, "The signs of abuse could be bruises or things going missing from the house. I would ask the client discreetly and report it to the office, I have not reported any abuse yet, I hope I don't have to." Another staff member said, "I had safeguarding training two weeks ago, then it's updated every six months."
- Where allegations or suspicion of abuse had occurred, the multi-agency safeguarding policy and procedure had been implemented. The registered manager had worked with external agencies to investigate safeguarding and had taken required action to protect people. At the time of our inspection, some investigations were ongoing.

Assessing risk, safety monitoring and management

- Risk management had improved since our last inspection. Risk's associated with people's needs had been assessed, and staff were provided with guidance of the action required to manage known risks. For example, how to manage risks regarding people's health conditions, skin care, falls and the environment. Information was found to be detailed, up to date and staff were competent and knowledgeable.
- Staff told us they read risk assessments and received information electronically about known risks prior to visiting people. They said this information was informative and supported them to understand people's care needs.

Staffing and recruitment

- Staff recruitment, retention and deployment was an ongoing challenge the management team were working on. At the time of our inspection, the service was experiencing some staffing difficulties in certain areas. Every effort was made to match staff with people in their geographical area to reduce staff travel time and to effectively manage the service. There was an ongoing staff recruitment drive and the management team told us how they were not accepting new care packages in some areas, until they had recruited additional staff. This did not have any negative impact upon people's safety.
- The provider had safe staff recruitment checks in place, to mitigate against the risk of employing unsuitable staff. This included checks on staff identity, employment history and criminal records and references were requested prior to employment.

Using medicines safely

- Some people required assistance with the administration of their medicines. Since the last inspection, improvements had been made to the guidance provided to staff to ensure people were supported safely. People told us this was done according to procedure, on time, without mistakes and that it was recorded. A person said, "When they (staff) call now, they just ask me about my tablets and they check that I've taken them." Another person said, "They do my tablets and they are perfect."
- The local clinical commissioning group completed a medicines audit in April 2019 and found the service to be 80% compliant. The shortfall was regarding staff training. At the time of the inspection, medicines training had improved with only 2 out of 153 staff waiting to receive training which had been booked.

Preventing and controlling infection

- Infection control measures were used by staff to mitigate against the risk of cross contamination. People who used the service told us staff wore single use gloves and aprons and staff confirmed they had an ample supply of personal protective equipment. Staff told us they had completed infection control and food hygiene training and staff training records confirmed this.

Learning lessons when things go wrong

- The provider's system to record and monitor any accidents or incidents and how lessons were learnt, had improved since our last inspection. We reviewed a sample of lessons learnt records, these showed what action had been taken to reduce the risk of incidents reoccurring. This included staff receiving further training and support, staff disciplinary action and increased spot checks and monitoring. The management team shared learning with staff and information was shared across the organisation to further improve the safety of the service.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had an assessment of their care needs before they received a care package to support staff to understand what care was required. People confirmed they had been involved in an assessment. A relative said, "At the start, care required was assessed and they (staff) agreed the times with us. They change the times if needed and are flexible."
- The assessment considered people's diverse needs to ensure they did not experience any discrimination in relation to their protected characteristics under the Equality Act such as their age, disability, gender, race, religion or belief. Feedback we received from people who used the service did not raise any issues or concerns about experiencing any discrimination.
- The provider used nationally recognised best practice guidance and assessment tools, and these were reflected in the policies and procedures to support staff. For example, the National Institute for Health and Care Excellence (NICE) guidance - Managing medicines for adults receiving care in the community was used to guide practice.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a structured and supportive induction, and ongoing training and opportunities to discuss their work.
- Staff were positive about their induction. A staff member said, "I am well trained, it is all face to face training in the training room with a group of staff, my induction was for 2 weeks, it was very good with lots of training." Another staff member said, "The induction training was strict, there is a lot of training to complete, it took me a week and that included shadow shifts with more senior care staff."
- Staff were supported during their probationary period and received ongoing opportunities to discuss their training and development needs. This was via face to face meetings with senior care staff. Spot checks and post visit checks were also completed to monitor staff performance. A staff member said, "Yes I have regular supervision, we have meetings on and off, not very often one or two per year. I feel well supported." Another staff member said, "The team managers are easy to talk to, if I have a problem they have always been available to give me advice."

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

- Where people required support with their nutritional and hydration needs, staff supported them effectively. A person said, "They (staff) do nice meals and they are nicely presented, and I enjoy my food, and yes, they do drinks for me."
- Improvements had been made since our last inspection, regarding the guidance for staff about people's

nutritional needs. Staff told us where people required support with eating and drinking, care plans provided guidance. A staff member gave an example of how some people required their food intake monitoring and how this was recorded and monitored. People confirmed drinks and snacks were left in easy reach between visit calls.

Staff working with other agencies to provide consistent, effective, timely care

- The provider had implemented an information document for the use of ambulance crews should a person be admitted to hospital. This was to assist in the person's ongoing care.
- We reviewed feedback the provider had received from external professionals, who complimented the management team and staff in working with them to support people with positive outcomes. Comments included, "Your support has been crucial to maintain a highly complex situation in the community, enhanced by your abilities to apply a multi-agency approach and open communication with myself."

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

- People's care needs in relation to their health conditions had been assessed and staff had detailed guidance of how this impacted on them and the support required. Information was person centred and up to date and supported staff in monitoring their health care needs.
- People confirmed how staff supported them with their health needs, this included contacting healthcare professionals when a change in their health was identified such as contacting the GP. A person said, "They (staff) are up to speed with what I need, and they check I'm okay. So far we've not needed to get the doctor."
- Staff gave examples of how they had supported people to access healthcare services. This included requesting urgent healthcare assistance such as an ambulance, GP and or sharing information with health professionals to assist them in monitoring people's healthcare needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA

- Where people lacked mental capacity to consent to a specific decision about their care, an assessment of their needs had been completed and a best interest decision had been made. Examples reviewed confirmed action was in line with legal requirements. For example, other significant people involved in the person's care such as family and health professionals had been consulted. Decisions considered least restrictive practice. We did note that fluctuating capacity was not considered or planned for and discussed this with the care services director. They agreed to follow this up with staff responsible for completing assessments.
- Since the last inspection, staff had received further MCA training and we found they were competent and showed a good understanding of the principles and impact on people. A staff member said, "I always assume capacity. I offer the clients choice and involve them in decisions. Even if they lack capacity about taking their medication, they can still tell me yes and no to other things. The company is a big advocate about capacity and they drum it into you 'always assume capacity'."
- The care services director was aware of the registered manager's and provider's responsibility of reporting

to the local authority, any person who lacked capacity who had restrictions of their freedom and liberty who may require an application to the Court of Protection.

- Advanced decisions and lasting power of attorney which gives another person the legal authority to consent had been recorded. In addition, where people had a Do Not Attempt Resuscitation (DNAR) this was discussed with people during the pre-assessment and review process. This was to ensure staff knew people's wishes and support needs.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Overall, people were positive about the approach of staff. People consistently referred to the way that staff respected their home and family life. A person said, "We have a bit of fun and chat they know the boundaries, and I'd say if not." Another person said, "The two main ones (staff) are both very good. Replacements are okay just not as confident, but I get to know them." Staff were often recalled as doing little extras or as being thoughtful, about things that made a big difference to the quality experience of some people using the service. This typically included the value of a chat and jovial exchanges and staff offering other help before leaving.
- We reviewed compliments the service had received from both people who used the service, relatives and external professionals. For example, a professional had provided positive feedback about the care and dedication of two care staff for their care and support of a person with complex healthcare needs. The provider had an online system people could share feedback and we noted a person who used the service had described a staff as, "Brilliant" and a "Great help" to them. Feedback from a relative included, "As a family we felt so fortunate to have been given your company to look after our care package. Staff were skilful with care and dignity."
- Staff were knowledgeable about people's care needs, routines and preferences and spoke fondly and respectfully of the people they cared for. A staff member said, "I look at care plans on my phone and in the client's house, I talk to people and observe them, so I get to know what they like and how to support them." Another staff member said, "I know people very well, I have been working with people for a long time, some of them have dementia and I still remember things they like even when they can't."
- The provider recognised people's preference was to have the same core staff team to support them. This helped develop positive relationships and supported staff to identify changes more easily in a person's presentation because they knew them well. People confirmed when they had consistency of staff this was a better experience for them. The provider had a commitment to provide people with consistency and continuity in care and strived to provide this as far as possible. The care service director told us 73% of calls were allocated to regular staff and work was ongoing to increase this.

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

- The provider enabled people to share their views and experience about the care they received. People confirmed they received opportunities to express their views. A person said, "I have a care plan and they (staff) write in it. It's reviewed once a year. Yes, they will make changes, they are already quite flexible about making changes for my appointments. The times that we've set are all agreeable to me and I'm involved in setting these." The provider had received positive feedback about people's experience of the assessment

and review process. A relative said, "I was impressed with (assessors) patience, and caring nature, they asked all the right questions and had a really good attitude."

- Following an assessment of people's needs, people received opportunities to feedback their experience by a variety of ways. This included 'snappy questionnaires' this was a method used by the provider to seek the views from people about the service they received. Staff spot checks and post visit checks were completed as part of the provider's internal quality assurance checks, to review how well staff met people's needs. During these checks by either assessors or care coordinators, people received opportunities to give direct feedback about their experience of the staff that supported them.
- Review meetings were completed annually or following a change in need. At the time of our inspection 37 out of 303 people required a review of their care plans and action was being taken to get these completed.
- Information had been made available for people about how they could access and receive support from an independent advocate to make decisions where needed. This information was in the provider's service user guide. Advocates support and represent people who do not have family or friends to advocate for them, at times when important decisions are being made about their health or social care.

Respecting and promoting people's privacy, dignity and independence

- People were complimentary about how staff provided care that was respectful and dignified. People also told us how independence was encouraged and respected and how this was important to them. A person said, 'Staff are polite, very and yes, respectful as well. They are considerate in the house, they enter with clean shoes and I can tell them what to do.'
- Staff gave examples of how they provided care that respected people's privacy, dignity and promoted independence. A staff member said, "I always ask people how they like things to be done, I have built up a rapport with my clients. I always knock on doors, or shout if I'm using the key safe, close doors and curtains when providing personal care." Another staff member said, "I always ask the client what they want, I use dignity towels and close the curtain."
- Since the last inspection, staff responsible for completing care plans had attended additional training in completing these records. We found people's care plans were written with great care and respect, they were person centred and promoted people's independence.
- The provider had an equality and diversity policy and staff told us the care, and support they provided, was individualised to each person. Our review of care records confirmed this.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff used work mobiles to access their rota and information shared by the office and to log in and out of calls. This was monitored by an internal electronic system.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Whilst improvements were being made for people to receive care from regular staff, this was not consistently being achieved and was a concern to people. A person said, "Well it's not too bad, but I don't like the different staff, I'm having to tell them repeatedly and I need two staff and if they stagger their arrival time, then I lose the time because I need a hoist. so, it goes over my time. So, it's not really reliable." Another person said, "They (staff) call at different times, I get no information unless I phone them. It leaves me upset at times, visits can be early or late which is not nice either way."
- Overall, staff told us, they had regular people they supported and said this was positive to the person receiving care and themselves. Staff also gave examples of how they were frequently asked at short notice, to do additional calls to people they were unfamiliar with. Whilst they confirmed information was shared about the person's needs and care required, they were less confident they provided a responsive, person centred service. A staff member said, "I change customers all the time. I would love to see the same people and get into a routine but that isn't the case for me. I look at my phone to see what care the customer needs and often they will tell you what they want. This is the one area I think they (provider) need to make a change, it's no good for staff or customers to keep on changing."
- Some staff told us they did not have enough time to travel in between calls. The management team told us and records confirmed, how travel time was calculated. They also advised staff had not raised concerns direct with them about travel times. The management team agreed to discuss this with staff to understand what action was required to make improvements.
- The provider's analysis of late calls in the last 12 months showed 97.14% of calls were within the 45 minutes timeframe and people could expect staff to arrive. 2.86% were outside the 45-minute timeframe. Staff told us they informed the office staff if they were running late, who were responsible for informing people. However, from feedback received this was not consistently happening.
- The provider's analysis of missed calls between April and June 2019 showed 18 missed calls. These were due to human error not the failings of systems and processes. Whilst action had been taken to make improvements, at the time of the inspection an internal investigation was ongoing as to why staff had not followed process of reporting and responding to missed calls.
- At this inspection, we found improvements had been made to the guidance provided to staff about people's care needs and other information such as their social history and interests. Whilst staff's main support was in meeting people's personal care needs, additional information enabled staff to get to know people well and what was important to them. Staff were positive about the level of guidance provided and they showed a good understanding and awareness of people's care needs.
- The provider had received compliments from an external professional that demonstrated how staff had provided a responsive service. Feedback comments included, "As a service you have been flexible in your

working practice in order to maintain the safety of the citizen and responded urgently to requests to increase the care package with little notice."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Since the last inspection, improvements had been made to meet the AIS standard. People's communication and sensory needs had been assessed and planned for. Where people required information presented in different formats this had been provided such as in large print and easy read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Whilst staff predominantly provided personal care support to people, information relating to people's diverse needs, social history, interests and hobbies were recorded where people had agreed to share this information. For example, 'All about me' documents were used to record important information such as people's preferences and what made a good day and bad day for a person. This supported staff to get to know people and understand what was important to them.

Improving care quality in response to complaints or concerns

- The provider's service user guide provided people with important information about the service and included the provider's complaint policy and procedure. The provider's quarterly newsletters sent to people also gave information about how to make a complaint. However, we noted from reviewing the provider's last feedback survey dated May 2019, 12 people stated they did not know how to make a complaint. We discussed this with the care service director who agreed to follow this up.
- We received a mixed response from people about their experience of raising concerns and complaints. Whilst some told us action was taken and improvements were made, others told us they felt frustrated that following raising a complaint little or no improvements were made.
- Despite this, the provider's complaint log showed complaints received, had been investigated in line with the provider's complaint policy and procedure.

End of life care and support

- When people were at the end of their life, their care needs and wishes about how they wanted to receive their care and support was discussed with them. An end of life care plan showed staff were provided with detailed guidance. Information considered all aspects of care to ensure the person was comfortable and staff provided kind, sensitive and dignified care.
- Compliments received from relatives of people who had received care at the end of their life were very positive. An example of feedback received included, "Staff were truly the lifeline which enabled [name] to pass away at home surrounded by family, friends and their dog. [Name] was treated with great dignity, particularly in their last days. They also supported the family in a very unobtrusive way."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and management team had made improvements in all aspects of the service and had a determination and commitment to be open and inclusive. When things went wrong the management team were open and honest about this and strived to make improvements and learn from mistakes. They shared learning with the staff via email correspondence and had increased the frequency of staff meetings and staff monitoring.
- Since the last inspection, additional resources had been provided to support the registered manager and care coordinators in managing the service more effectively. More care assessors had been recruited and had received support and training in person centred care. This had improved the quality of care assessments and documentation that provided staff with guidance of people's care needs. Other office support had been provided to improve the management of the service.
- The provider had recently taken over other providers care packages. Whilst this had been a challenge and had impacted on some aspects of the service, staff had worked effectively together to ensure the transition of care to themselves was as easy as possible. The management team were aware people preferred consistent care staff. Whilst improvements had been made, they were aware this was an ongoing concern to people and were working hard to further improve this.
- From feedback we received during the inspection and from reviewing compliments the provider received, we saw examples of how people had achieved good outcomes due to the support provided. Examples included people with complex care needs being enabled to remain living in the community.
- If care staff were running late, there was a reporting system used to inform people. In the main, staff were positive about the on-call system and support they received. A staff member said, "The office staff are approachable, they are busy, I go to them with solutions to problems, not just problems. I think they are good leaders, they listen and take action." Another staff member said, "Sometimes they (office staff) don't get back to you straight away, although this is improving I think this is due to staff telling them it needs to get better."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

Continuous learning and improving care

- Staff showed a good understanding of their role and responsibilities. This included using the provider's

Whistle Blowing procedure to report and concerns. A staff member said, "I know what whistle blowing is, telling someone when something is wrong, I have not done it, but when I started working at the agency I was given a booklet explaining who I should contact."

- The provider had systems and processes to monitor the quality and safety of the service. This included an electronic system that monitored staff calls. Late calls and missed calls were flagged to the care coordinator who had responsibility to follow these up. Staff were provided with mobile phones that informed them of their rota. This required staff to regularly refresh their mobile to check for changes made to their rota. The management team were working at improving staff rota's to provide consistency of care.
- Monthly checks were completed on people's daily records, including medicine administration records to review the care people had received. Where shortfalls were identified in what was provided or records were not fully completed, this was brought to the attention of individual staff members. Any themes or patterns identified were shared with all staff, to improve standards across the service. The provider had a service improvement plan, which included actions identified through internal audits and checks. This demonstrated the provider had procedures and systems in place to continually drive forward service improvements.
- There was good oversight and accountability by senior managers of the service. This included, weekly quality compliance manager visits and the care services director was based on site. Recent home visits had been completed by the head of customer engagement following receiving feedback from people to have a face to face meeting to discuss their care.
- The provider had met their registration regulatory requirements of notifying CQC of certain events when they happened at the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received opportunities to share their experience about the service, this included attending face to face meetings to discuss their care package. Also, opportunities were provided to give feedback on how well staff met their care needs and an annual survey. People were invited to attend open surgeries at the office where by the management team made themselves available. A quarterly newsletter was used to share events and information about the service.
- As part of the provider's quality assurance, in May 2019 surveys were sent to 292 people, inviting them to share their experience about the care they received. We reviewed the 60 returned questionnaires and saw people rated the service as either excellent, good or satisfactory.
- Staff also received an annual survey to share their feedback about using the service. From 160 surveys sent to staff in May 2019, six had been returned. These showed staff were positive about working for the service with 67% stating they had enough travel time and the duration of the call was sufficient.
- Improvements had been made since our last inspection to the support provided to staff. The frequency of staff meetings had increased, and staff were more positive about the support they received.

Working in partnership with others

- The management team met with the local authority who commissioned the service on a regular basis. Where the local authority requested changes and improvements these were respected and acted upon.
- From reviewing people's care records, speaking with staff, the management team and reviewing compliments received, it was evident how staff worked in partnership with other agencies.