Burbage Home Care Limited

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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

We inspected the service on 1 February 2017. We gave two days' notice of our inspection because we needed to be sure the registered manager would be available. We spoke with people over the telephone on 8 February 2017 to gain their feedback on the service provided.

Burbage Homecare Limited provides personal care and support for people in their own homes. At the time of our inspection 85 people were receiving personal care and support from the service.

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

The provider did not display their rating from the latest CQC report. This is a legal requirement to inform people about our judgement about the quality of the service provided. The provider told us they would make sure the rating was displayed.

The provider's checking of the quality of the service was not always effective. For example, checks on people's care records were not consistently carried out and had not identified some of the areas that we had during our visit. The manager told us they would make improvements to their quality checking to make sure people received a high quality service.

People and staff had opportunities to give feedback to the provider about the quality of the service. Both people and staff felt that improvements could be made to communication from the provider's office and the arrangements of people's care calls. The provider was working to make improvements in these areas.

Risks to people's health and well-being were not always assessed and did not always focus on people's specific requirements. For example, where a person required support to move position, guidance was not available for staff to protect the person from avoidable harm. We saw that other risks to people's health and well-being were assessed and staff had guidance to follow. This included guidance for staff to help people to relax when they were anxious.

People's medicine records were not always competed accurately. The provider told us they would make improvements to their checking processes to address this. People received their prescribed medicines when they required them and staff knew their responsibilities to handle it safely.

Staff did not always arrive at the agreed times and people did not always have regular staff to provide their care and support. We found the same concerns during our last inspection visit on 23 February 2015. The

provider was taking action to make improvements.

The provider did not always follow the requirements of the Mental Capacity Act 2005. They were taking action to make improvements including planning to assess a person's mental capacity following a decline in their health. Staff understood their responsibilities under the Act including when a decision could be made in a person's best interest.

People were involved and contributed to the planning of their care and support. The review of people's care requirements was being undertaken. The recording in people's care records did not detail their involvement in their review. The provider said they would make improvements to their recording as people, where they could, were involved.

People were satisfied with the number of staff available to offer them care and support. The provider was recruiting more staff to make sure people's care calls always took place. The provider's recruitment procedure was safe and they carried out checks on the suitability of prospective staff.

People felt safe with the staff that offered them care and support. Staff understood their responsibilities to help people to remain safe including the reporting of suspicions of or actual abuse. Staff knew how to respond safely to accidents and incidents and the registered manager monitored any that occurred to prevent reoccurrences wherever possible.

People received care and support from staff who had the required skills and knowledge. Staff members received guidance so they knew their responsibilities.

People received support to prepare their meals where this was required. Staff knew people's dietary preferences and knew to raise concerns with the office about people's eating and drinking where this was necessary. People received support to make sure they remained healthy where this was required.

People were supported by staff who were kind and offered compassionate care. Their dignity and privacy was protected when they received care and support.

Staff knew the people they were supporting including things that mattered to them. The provider was making improvements to people's care records. This was so that staff had all of the available information about people so that they offered their support based on their preferences and support requirements.

People were supported to remain independent. For example, staff encouraged a person to walk to make sure they remained mobile.

People knew how to make a complaint. This was because the provider had a complaints procedure in place which was included in a service user's guide that had been given to people when they started to use the service. The provider took action when a complaint had been made.

The registered manager was mainly aware of their registration requirements including notifying CQC of significant incidents that occurred. They were currently in the process of reviewing their policies and procedures to make sure that staff had the guidance they required.

The provider had aims and objectives for the service that were known by staff. These included supporting people to remain independent.

We found a breach of the Health and Social Care Act (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.

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 consistently safe.

Risks to people's health and well-being were not always assessed. Staff did not always have the guidance they required to reduce the likelihood of an accident or incident occurring.

People's medicine records were not always completed accurately. The provider told us they would make improvements. People received their prescribed medicines safely.

The provider was recruiting more staff so that people always received the care and support they required. The provider had a safe recruitment process to check prospective staff's suitability.

People were protected from abuse by staff who knew their responsibilities for supporting them to remain safe.

Is the service effective?

Good

The service was effective.

Staff received guidance and training so that they understood their responsibilities and had the required skills and knowledge.

The provider did not always follow the requirements of the Mental Capacity Act 2005 but they were taking action to make improvements. Staff knew about their responsibilities under the Act.

Staff gained people's consent before providing their care and support.

People received support where this was required to prepare meals and to make sure they had enough to eat. People's health was usually monitored and action was taken to maintain their well-being.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and compassionate. Their dignity and privacy was respected and staff knew how to protect their sensitive information.

Staff knew the people they were supporting. The provider was making improvements to people's care records to make sure they contained information about things that mattered to people.

People were supported to remain as independent as they wanted to be and were involved in decisions about their care where they were able to.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not always receive care from regular staff and sometimes experienced care that was not at the agreed times. The provider was making improvements to make sure staff arrived on time and that people had regular staff to support them.

People contributed to the planning of their care. The review of people's care plans and support requirements was being undertaken to make sure that staff had the information they required. The provider told us they would make improvements to record how people were involved in the reviewing of their care.

People knew how to make a complaint and the provider took action when they were received.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider did not always meet their registration requirements with Care Quality Commission.

There were opportunities for people and staff to give suggestions about how the service could improve. They felt communication required improvement.

There were continuing concerns from people about the punctuality of staff and the regularity of carers since our last inspection visit. Although the provider was taking action, this continued to be a concern that people shared with us.

The provider's checks on the quality of the service were not

always effective in identifying and making the required improvements.

Staff knew their responsibilities.

Burbage Homecare 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.

The inspection visit took place on 1February 2017 and was announced. We gave the registered manager two days' notice of our visit because they supported staff in the community and we needed to be sure they would be in. The inspection team included an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, 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 also reviewed the information that we held about the service to inform and plan our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us as required by law.

We contacted Healthwatch (the consumer champion for health and social care) and commissioners from health and social care organisations who have funding responsibility for some people who were using the service to ask them for their feedback.

We spoke with ten people who used the service over the telephone on 8 February 2017. During our inspection visit we spoke with the registered manager, a manager who had been recruited to take over as the registered manager and the training and recruitment co-ordinator. We also spoke with a care co-ordinator and five care staff either face to face during our visit or over the telephone on 8 February 2017.

We looked at the care records of six people who used the service. We also looked at other records in relation to the running of the service. These included staffing rotas, health and safety documents, procedures and quality checks that the provider had undertaken. We looked at three staff files to check staff were safely

recruited and to look at the support and guidance they had received.

Requires Improvement

Is the service safe?

Our findings

Where there were risks associated with people's care, the provider had not always assessed these to reduce the likelihood of harm wherever possible. For one person they required assistance from staff to move position to keep their skin healthy. There was no assessment of how often the person should have been supported to move position or guidance for staff to follow to reduce the risk of injury to the person's skin. The manager told us that monitoring forms were in place but agreed with us that a care plan and risk assessment was required so that staff had the guidance they needed. They told us they would arrange for these to be completed.

One person had a health condition that meant that the support staff gave to help them to move had to vary from day to day. There was no risk assessment in place that recognised this. The manager told us one would be completed. Another person was at risk of injury as they required assistance to move position. A risk assessment was not in their care records. The registered manager told us there was one but could not locate it during our visit.

We saw that other risk assessments were completed in topic areas including where people required assistance to move position and with specific health conditions. These contained information for staff to follow to help people to remain safe. For example, where a person could become anxious, there was guidance for staff to follow to help the person to remain safe and to relax. However, we found that risk assessments did not always contain information about people's preferences or individual support requirements. The manager told us these would be reviewed.

We looked at six people's medicine records. We saw that they were not always signed by staff when they offered people their medicines. One person had four missing signatures in their medicine records over a five week period whilst another person had five missing signatures over a two week period. The registered manager told us that they were confident people had received their medicines and that there had been recording errors by staff. We saw that people's medicine records were checked weekly by a senior member of staff. These checks had not recorded the action they had taken to check that people had received their medicines when it had not been signed for. The manager told us they would make improvements to their checking process.

People confirmed that they received their prescribed medicines when they needed them. One person told us, "They do the tablets well, they're brilliant." Staff knew their responsibilities for handling people's medicines safely. They had received training in the administration of medicines and had their competency routinely checked to make sure they continued to handle it safely. We saw that the provider had a policy on the safe handling of people's medicines. This included the types of support staff could offer to people and what they should do if a person had an adverse effect. There was no guidance for staff to follow should they make a medicines error. The registered manager told us they would add this guidance to their medicine's policy. However, staff knew what action to take including seeking medical attention if required.

People told us that there were a sufficient number of staff to provide their care. The provider was currently

recruiting extra staff as office staff were sometimes undertaking care calls. We saw two new staff receiving an induction when we visited. The registered manager told us there had been missed calls during December 2016. They told us this was due to staff sickness and with the scheduling of people's calls. They told us they were looking to use their electronic system better. For example, they showed us how an alert now showed on the system if staff had not logged into the call they were due to make after 15 minutes. This meant that office staff would know if a call was missed and they could take immediate action to arrange for it to be covered. We found that although there were not a sufficient number of staff to meet people's calls, the provider was taking action to make sure they were not missed.

People received support from staff who were checked for their suitability before they started working for the provider. We saw that the provider had a safe recruitment procedure. This included obtaining feedback from prospective staff's previous employer and undertaking a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. Staff told us about their experiences of recruitment by the provider. One said, "I came into the office and spoke with the manager and then I completed an application form. There was a formal interview and I had to supply one reference from a previous employer and two character references. The recruitment was very thorough."

People told us they felt safe with the support they received. One person said, "Of course I feel safe with them [staff]." Other people told us that staff were careful when offering their support and did not rush them which made them feel safe. Staff told us how they supported people to remain safe. One staff member said, "One person kept leaving their door unlocked. I kept reminding them. I popped a note on their door to remind them and it's working."

Staff knew how to help people to remain safe and to protect them from abuse. They were knowledgeable about the provider's safeguarding adults policy including the different types of abuse and signs that someone could be at risk. Staff described what they would do if they were concerned about a person's well-being. One staff member told us, "I'd contact the on call or the office if I had concerns about someone straight away." Staff were confident that the registered manager would take action should suspicions of or actual abuse occur. We saw that the registered manager had alerted the local authority where they were concerned for the well-being of one person. In these ways people were protected from abuse and avoidable harm by staff who knew what actions to take.

Staff knew how to deal with accidents and incidents. One staff member told us, "Incorrect medication was given. We didn't check it properly. We notified the manager and I completed an incident form. The office called a paramedic, the person was fine. There were lessons learnt and I was given refresher training." We saw that the registered manager monitored accidents and incidents and any actions taken were recorded in people's care records. Where staff required further training to reduce the likelihood of accidents and incidents reoccurring in the future, the provider arranged this.

People were helped to keep safe by staff checking their home when they provided care. We saw that staff were prompted to check people's equipment before use. The registered manager told us that they did not check that people's equipment was routinely serviced but this was something they planned to do in the future to help people to remain safe. We saw that the provider had arrangements in place to make sure the service could continue in the event of a significant incident, such as a fire. An alternative office location was available and the provider told us they were looking at the use of agency workers from other companies in the event of a staff shortage. This meant that the provider had considered people's safety should an incident occur.

Good

Is the service effective?

Our findings

Staff members received an induction when they started to work for the provider so that they were aware of their role and responsibilities. One staff member told us, "The induction training amounted to lots of hand-outs and videos. We went through the policies and procedures and had to answer questions. I'll be undertaking the Care Certificate in the next three months." The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector. Another staff member who had just started to work for the provider said, "I will be shadowing for three days with another carer first then I can work on my own." This meant that staff received guidance on how to undertake their role before supporting people.

People told us that staff had the required knowledge and skills. One person said, "I think they are well trained. I can't fault them in that respect." Staff members described how the training offered to them helped them to care and support people well. One staff member said, "We watched DVDs when I started and had questionnaires. They have offered for me to do a qualification as well. The training has helped me. I'm quite new to caring so it was useful." We saw that staff completed a range of training courses in topic areas such as first aid, nutrition and specific health conditions that people lived with. We found that the provider had plans to refresh the knowledge of staff routinely so that people received care and support based on up to date knowledge and guidance.

Staff received guidance on their work to make sure they met people's care and support requirements. One staff member told us, "I had a supervision and a spot check recently. It was good to go through to make sure things are okay." We saw that meetings with a manager, competency checks and 'spot checks' were carried out. These covered topic areas such as record keeping, making sure that staff knew about the provider's policies and procedures and regarding people's medicines. These helped the provider to make sure staff knew what was expected of them and that they were working to the standards expected of them. Where improvements were required, the provider took action. The manager told us that they planned to offer supervision to all staff routinely in the future as this had not always previously occurred.

People told us there were no concerns about staff asking them for their consent to carry out care or support. One person said, "They tell me what they are doing. They don't take advantage of me." Staff explained what they would do if they could not gain a person's consent. One staff member told us, "If people don't want to do something I encourage them but if they are not in danger I'd leave them and report it back to the office." We saw that people had signed in their care records to consent to the planned care and support. Where they were not able to do this, their representative had. We also saw that people's care records documented how staff routinely asked for people's consent. For example, we read, '[Person] is okay and consent was given to transfer onto the commode'. This meant that care and support was only delivered with the consent of people receiving it.

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. We checked whether the provider was working within the principles of the MCA.

The manager told us there were current concerns about one person's mental capacity. We saw that they had completed a mental capacity assessment but this was not specific to a decision and was based on their health condition. The manager told us they would review this assessment as the person had capacity for some decisions but not all. They also told us that specialist healthcare support had been requested for the current decline in the person's mental health. They were reviewing the arrangements for supporting this person with their medicines as the person had started to decline it. The manager told us they would need to make a decision in the person's best interests, following a mental capacity assessment, and would look to complete an assessment with relevant people.

Staff understood the requirements of the MCA. One staff member told us, "People need to be able to agree with what sort of care it is you are offering. I always ask if it's okay and talk them through what I am doing. If they get up and go to the bathroom I know they're consenting." Another said, "You try to help them to make a decision. I ask and give them information to help them along and it works." Staff described how a decision in a person's best interest could be made by others, such as a doctor and family members, if a person was unable to decide for themselves.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications must be made to the Court of Protection if the provider was seeking to deprive people of their liberty. The registered manager told us that one person had a Court of Protection Order in place but the conditions of this did not affect the care and support offered by staff from Burbage Homecare Limited.

People received support with the preparation of their meals where this was required and staff knew about their preferences. One person told us, "They know what I like. I try and be in command and I'm satisfied with what I get." Another said, "She [staff] gets my breakfast and knows just how I like it. She knows my preferences." We saw that people's preferences were recorded in their care records and we read about how staff gave their support. For example, we read, 'Prepared fruit and fibre cereal and a glass of flavoured water.' Where there were concerns about a person's eating and drinking staff knew the action to take. We saw that a staff member had called the office for guidance as they noted a person was not eating well. We saw that records were then introduced for the person so that staff could monitor how much they had eaten.

People were supported to maintain their health. One staff member told us, "Any concerns about a person's health and I ring the office." Another said, "They [office staff] do get nurses out if there's a health problem." We saw that where a person had a visit from a healthcare professional such as their doctor or a district nurse, staff recorded this so that other staff were aware of any changes to their support requirements. We also saw that people's care records contained up to date contact details of their relatives, doctor or other involved healthcare professionals so that staff were able to contact them where necessary. This meant that people's health and well-being was promoted.

Good

Is the service caring?

Our findings

People spoke well of the staff that offered them care and support. One person told us, "They are nice. Yes, they are caring. They do everything that's needed." Another said, "She's [staff] very good and caring and listens to me. She puts my mind at rest. She even makes sure my plants are watered." People told us that staff listened to them and were kind and compassionate. During our visit we heard telephone conversations between people and the office staff. Staff spoke kindly and offered them reassurances where people were concerned about their planned upcoming calls.

People's dignity and privacy was respected. One person told us, "They listen to me and treat me well. They help me with everything." Another said, "They give me the privacy I need." Staff told us how they maintained people's privacy and dignity. One staff member commented, "I keep them covered as much as possible with a towel and we do the care in the lounge so I close the curtains." This meant that staff protected people's dignity and privacy when offering their support.

Staff knew about the people they supported and described how they got to know people. One staff member told us, "I speak with the person and office about them. I can read the notes as they are a good way of finding out. It's about following the care plan and what the person wants and enjoys." We read in some people's care plans information about their background in documents called 'My story'. We also read about things that mattered to people. For example, we read, 'I attend a church'. The registered manager told us that people's care plans were being updated to contain their life histories and things that were important to them. This was so that staff had the information they required to maintain and to develop good relationships with people.

People told us that they were involved in decisions about their care. One person said, "They ask me what I need help with." Another told us, "They [staff] know what I need. If they are new we work through it together and I tell them what I need and don't need." We saw that where people could, they had signed their care plans to agree with the planned care. Where people may have required support to make decisions about their care, the provider had made information available to people on advocacy services. An advocate is a trained professional who can support people to speak up for themselves. In these ways people were supported to receive care and support that was based on their decisions.

People's sensitive and private information was handled safely. We found that staff knew to protect people's information carefully so that those not authorised to access it could. For example, people's care records were stored securely. The provider had a confidentiality policy that staff knew about and they told us that they only shared information with others involved in that person's care where it was necessary to help them to remain safe.

People were supported to maintain their skills where this was important to them. One person told us, "They are very good. They ask as I can do most things and I do them. I feel respected in my own house." Another said, "They take me to the bathroom and I wash my top half myself and clean my teeth. They come in and finish my lower half." Staff members told us that they encouraged people to do tasks that they could and

only offered their support when this was required. We saw in people's care plans that things that were important for people to continue to do for themselves was documented so staff knew the correct level of care and support to offer. For example, we read, 'Encourage [person] to do as much walking as possible with the standard frame'. We read how this was important to help the person to remain physically mobile. In these ways people received support from staff members to retain their skills.

Requires Improvement

Is the service responsive?

Our findings

Some people told us that staff members did not always turn up at the agreed time and that they did not often know who would be arriving to help them with the care and support they required. One person told us, "You never know if they are going to be late. The time varies a lot. When I first used them it was okay. Another said, "It's different carers. I don't know who's coming. It's nice to have one as they know what your requirements are." Another person commented, "I feel a bit messed about with the routine. They're coming at different times and they've not told me why. I did tell one of the girls [staff] and they asked me to phone the office but I don't like to. I know other people need help to."

The manager told us they were working on staffing rotas and recruiting more staff so that people received regular carers. We looked at the provider's electronic monitoring of when staff arrived at people's homes. We found that staff were mainly on time although there were occasions when they were late. The manager told us they planned to use this system more effectively to understand why staff were sometimes late. They also told us that they needed to improve on letting people know when staff were running late.

Other people were satisfied that they received the care and support at the times they required it and that they had consistent staff. One person told us, "They turn up on time. I have one regular girl [staff]." Another said, "They can be late on the odd time due to being short staffed at the moment. I don't worry about it. They're trying to get more staff so I hope this will improve. They've never missed a call."

People did not always have care plans that focused on them as individuals. We saw that routines that were important for people lacked specific details. For example, information about how a person liked to be supported to get ready in the morning contained only basic details and did not include their preferences or what they could do for themselves. We also saw other examples of recording that focused on tasks that needed to be undertaken by staff but not how people preferred their care to be carried out. The registered manager told us that they were making improvements to people's care plans so that staff knew exactly how people preferred their care and support to be undertaken.

We looked at care plans that the manager had improved. We saw information that was centred on people's likes, dislikes and preferences. For example, we read, 'Prepare sandwich with four pieces of bread. Crusts must be cut off bread'. Staff were confident that changes to people's care plans were taking place. One told us, "The care plans are usually in pace. They are not sometimes always as up to date as they could be. There's a new manager in place and I hope they continue to make the improvements."

People did not always recall that their care had been reviewed to make sure that the support offered by staff was still in line with their requirements. Some staff told us that people's care plans were sometimes not as up to date as they should be. One staff member said, "The care plans can be out of date. The new manager has started to put new ones in place." We saw that reviews of people's care did occur and this had been documented in their care records. However, we could not see that people were involved in these reviews where they may have wanted to be. The manager told us they would make improvements to their recording to show how people had contributed to their care reviews. They also told us that they were currently

reviewing everyone's care plans to make sure they contained the correct and current information. Other people were satisfied with the arrangements for the review of their support requirements. One person told us, "She [staff] came not long ago to check things." Another said, "I'm satisfied. My care is more or less the same; they do not very often review mine as they don't need to."

Although some people were not satisfied about the timings of their calls and the regularity of staff, all of the people we spoke with were satisfied that they received the care they required. One person told us, "They do what I need. They give me a cuppa and breakfast and do my pills. They put my washing in. It's all what I want to happen." Another said, "I had a male carer and I didn't think it was right as he helped me to wash. They changed it and I'm happier now. There was no hesitation for them to change it."

People contributed to the planning of their care and support. One person told us, "There is a care plan. They went through it with me." Another said, "Yes I have a care plan and I know what's in it." We saw that the provider had implemented new assessments for when people had chosen to use the service. These are important so that the provider could be sure they could meet people's specific care and support requirements. We saw a completed assessment and saw that it contained key information that staff would need to know to support the person. The provider also told us that this information was then used to devise a care plan for each person with them involved wherever possible.

People knew how to make a complaint. One person told us, "I would call the office but I'm quite happy with everything." Another said, "I could call them if I wanted to complain. They are easy to get hold of but things are okay." When people started to use the service they were given a service user guide. This included the provider's complaint's procedure that explained the process they would take should a complaint be received. We saw that there were 15 complaints received by the provider in the last 12 months. Many of these were about missed calls and the timings of calls that people received. We saw that the provider took action at the time of receiving the complaint which included investigating what had happened and offering an apology where this was required. We also saw that the provider had taken action to make sure that if staff had not arrived at a person's home after 15 minutes of the planned call, an alert was received on the provider's electronic monitoring system that office staff responded to. This meant that where a complaint was received, the provider investigated and took any necessary action.

Requires Improvement

Is the service well-led?

Our findings

It is a legal requirement that a provider's latest Care Quality Commission (CQC) inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had not displayed the rating on their website. The registered manager told us they were not aware of this requirement. They said they would make arrangements to publish our most recent rating on their website.

This matter constituted a breach of Regulation 20A: Requirement as to display of performance assessments of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we visited on 23 February 2015 we found that the provider needed to make improvements to make sure people received the care and support at the agreed times. We also found that people did not have regular staff assisting them and people did not always know who would be arriving to assist them. Some people told us these things still occurred. The manager told us they were taking action to understand why staff were arriving late at times. We also saw that the provider was recruiting more staff so that the regularity of carers could be improved.

The provider's checks on the quality of the service were not always effective to make sure the care and support people received was of a high standard. We found missing signatures in people's care records and details of what action the provider had taken to address this with staff were not available. The provider told us they would make improvements to document the action they had taken. We saw that there were checklists in place for a manager to check people's care records. We found that these had not routinely been carried out. We did see that the provider had identified that a person required a risk assessment. However, we could not see that this had been completed. The manager told us they would add to their checking systems improved documentation to show the action they either had taken or needed to take.

People told us they felt improvements could be made about how the service was run. One person said, "I wanted to speak with the manger and I couldn't seem to get them. It was always someone else. I don't always want to speak with them [office staff]; it's the manager I want. I know there's a new manager, they have a lot to do. The communication is not that great." We were also told that improvements were needed by office staff to let them know about any changes to their planned care. Other people were satisfied with the service. One person told us, "There's always ways to improve but nothing I can think of. I'm quite satisfied with them." Another said, "The manager is quite good now, quite competent. She is trying to get it running properly. She is going to come around and speak to all service users."

Some staff told us that they generally received good support but that improvements could be made. One staff member said, "The support can be debatable. Communication could be improved. Getting the information I need can be difficult about my rota and more time between calls would help. But in general it's a great service we offer." Another told us, "The care is exceptional but the management of some calls is not very well organised." Other staff spoke positively about the support they received. One told us, "There is

good support. There is an open door policy. I had an issue today and bought it to their attention. The manager dealt with it straight away."

Staff knew what was expected of them and were able to give feedback on the service offered to people. They had individual meetings with a manager and attended staff meetings. Staff had mixed views of the staff meetings that had taken place. One staff member told us, "Yes, they happen every quarter. They [managers] don't always take notice though. We've spoken about travel times but things don't change." Other staff were complimentary about staff meetings and told us these helped them to understand changes to the service and what was expected of them. We looked at the minutes of a staff meeting that had occurred in the last four weeks. The provider had identified some of the areas that we had that required improvement such as better communication and to monitor the call times people experienced. The manager told us they would revisit these issues with staff in the coming weeks and look to improve the service people received.

We saw that monthly quality forms which asked people about the care they had received were in place but not routinely used. We saw that some comments had been received that required action but it had not been recorded what action a manager had taken. The manager told us this would be improved. The manager told us that questionnaires would be sent to everyone using the service in 2017 and the results would be shared with them along with any action they were taking as a result of the feedback received.

People had opportunities to give feedback on the quality of the service. One person told us, "They came to see me. They are very helpful like that." Another said, "I suppose they do. They have ladies come around to ask me." People had received a letter informing them that the new manager was arranging to meet with everyone to ask them about their experiences of care. One person told us, "I had a letter about the new manager. They are hoping to see everyone." The manager told us that they were in the process of visiting people and were recording the concerns people had as well as positive feedback they had received.

Staff knew their responsibilities as the provider had made available to them policies and procedures. We found that some of these required a review. For example, the provider's medicine's policy did not include guidance for staff about what they should do if they made a medicines error. The registered manager told us they would review the policy. We found that the provider's policies and procedures largely detailed the duties and responsibilities of staff and found that staff had a good understanding of them. This included the provider's whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff knew what action to take should they have had concerns. One staff member told us, "I would speak with the office. I am confident they would deal with it. I could go to social services if I needed to."

Staff knew about the provider's aims and objectives which described what people could expect from the service. We read that the provider strove to be dedicated to the needs of people as well as being respectful and promoting their independence. Staff knew what the provider aimed to achieve. One staff member told us, "To keep people in their own home for as long as possible." This meant that staff worked towards shared goals for the service.

The registered manager was meeting most of their conditions of registration with CQC. Where significant incidents had occurred, they had sent notifications to CQC, as required by law, so that we could determine that appropriate action had been taken. This showed that the registered manager was open in their approach to sharing information about the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider did not display on their website the most recent rating by Care Quality Commission. Regulation 20A (2).