# Direct Health (UK) Limited

# Direct Health

## Inspection report

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## Ratings

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|---|---|
| **Overall rating for this service** | **Requires improvement** |
| Is the service safe? | **Requires improvement** |
| Is the service effective? | **Requires improvement** |
| Is the service caring? | **Requires improvement** |
| Is the service responsive? | **Requires improvement** |
| Is the service well-led? | **Requires improvement** |

## Overall summary

This inspection took place on 19 October 2015 and was announced. This meant we informed the provider at short notice of our visit.

When we last inspected the service in January 2015 we found the provider was in breach of three Regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken action to meet these breaches. Further improvements were required to ensure continued sustainability, new systems and processes needed time to fully embed.

Direct Health provides care to people in their own homes. Since our last inspection the provider had made some changes to their registration. This meant there were less people that used the service managed from this branch. At the time of this inspection there were 515 people who used the service.

Direct Health is required to have 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

# Summary of findings

the requirements in the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014 about how the service is run. At the time of our inspection there was not a registered manager in place, but the branch manager was in the process of submitting their application to us to apply to become the registered manager. We will monitor this.

People that used the service did not always receive care and support from regular care workers. They said this impacted on how well their needs, routines and what was important to them was known and understood by care workers.

Whilst care workers stayed for the duration of the call and people said they received a safe service, most people said they had experienced late calls. Additionally, there were inconsistencies of people being informed in advance about late calls or which care workers were due to visit. Missed calls had improved due to better monitoring systems in place.

People that used the service and care workers said they found contacting the office was difficult. Additionally, messages left were not always responded to in a timely manner.

Care workers had a good understanding of the various types of abuse and their roles and

responsibilities in reporting any safeguarding concerns. Safe recruitment checks were in place that ensured people were cared for by suitable care workers.

People's needs were assessed and planned for when they first started using the service. This information was then developed into a plan of care and other documentation such as risk assessments were completed. The provider had an ongoing plan to review people's care packages. On the whole people said they felt involved in the development and review of their care package.

The communication system used to share information with care workers had been improved upon but most care workers said they had experienced some difficulties receiving and accessing this information.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA and to report on what we find. This is legislation that protects people who are unable to make specific decisions about their care and treatment. It ensures best interest decisions are made correctly. Where people lacked mental capacity appropriate assessments and best interest decisions had been made in line with this legislation.

On the whole people that used the service spoke highly of the care workers and complemented them on their approach. They referred to them as kind and caring. Additionally, people said that the service had started to show improvements.

People were supported appropriately with their food and drinks. Support was provided with people's healthcare needs and action was taken when changes occurred.

Care workers received an induction before they provided care and support. The provider was in the process of ensuring all care workers were up to date with refresher training. Support to care workers required improvements to ensure care workers received appropriate opportunities to discuss and review their role and responsibilities.

The provider had improved the checks in place that monitored the quality and safety of the service. The provider had notified us of important events registered providers are required to do.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Requires improvement

The service was not consistently safe

Care workers had received safeguarding training and knew how to recognise and respond to abuse correctly.

The provider had a safe recruitment process to ensure suitable staff were employed. Improvements had been made to late and missed calls, but there was room for further improvements.

People had their needs assessed and risk plans were in place. Reviews of people's care package were ongoing.

There were processes in place to ensure medicines were handled and managed safely.

**Is the service effective?**

Requires improvement

The service was not consistently effective

The Mental Capacity Act 2005 legislation was adhered to. Assessments and best interest decisions were made correctly.

People were appropriately supported with their dietary and nutritional needs.

Care workers supported people to maintain good health.

There was a training programme in place to ensure all care workers were up to date with their refresher training. Support to care workers needed to be improved upon and be more consistent.

**Is the service caring?**

Requires improvement

The service was not consistently caring

People told us care workers supported them appropriately and were kind and respectful. People were treated with dignity and their privacy respected.

Where people did not have regular care workers their individual needs, preferences and routines were not always known.

The provider was still in the process of providing people with information about independent advocacy services.

**Is the service responsive?**

Requires improvement

The service was not consistently responsive

People were on the whole involved in contributing to the planning and review of their care and support.

# Summary of findings

People's routines and preferences with how they wanted to receive their care and support was recorded but not always known and understood by care workers.

People received opportunities to share their experience about the service including how to make a complaint.

**Is the service well-led?**

The service was not consistently well-led

There had been some improvements to the systems and procedures in place to monitor and improve the quality and safety of the service provided. Further time was required for these improvements to be sustained and to fully embed.

People that used the service were encouraged to contribute to decisions to improve and develop the service.

Care workers understood the values and aims of the service. The provider was aware of their regulatory responsibilities.

**Requires improvement**

# Direct Health

**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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 19 October 2015 and was an announced inspection. This means we informed the service at short notice that the inspection would take place.

The inspection team consisted of two inspectors and two Experts-by-Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information the provider had sent us since our last inspection. This included statutory notifications. These are made for serious incidents which the provider must inform us about. Additionally, we reviewed the provider's action plan that detailed what the provider would do to meet the required improvements and breaches we identified at the last inspection.

At the provider's office we looked at ten people's care records and other documentation about how the service was managed. This included information about staff training and the provider's quality assurance systems. We spoke with the branch manager, two senior managers, two care coordinators, the training manager, an assessor and a quality assurance member of staff. We also spoke with nine care workers and gave other care workers the opportunity to participate in the inspection by leaving our contact details.

After the inspection we contacted people that used the service and some relatives for their feedback about the service by telephone. We spoke with 17 people that used the service and 13 relatives. We also contacted care workers and spoke with one assessor and four care workers and the regional manager for the service.

Requires improvement

# Is the service safe?

## Our findings

At our last inspection we found that people were not protected against the risk of receiving care or support that was inappropriate or unsafe. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The provider sent us an action plan which contained details of how they intendedto make the required improvements. At this inspection we found that the provider had met this breach in regulation. Improvements had been made to the systems and processes in place to ensure people received a safe service. Whilst this breach was met further improvements were required to ensure sustainability and additional time was required for new processes to fully embed.

At our last inspection we found concerns that care workers had not received refresher training in safeguarding people. During this inspection we found staff had completed refresher training for safeguarding and this was in date. The provider had a safeguarding policy and procedure. Records looked at showed what action had been taken when concerns of a safeguarding nature had been identified. This included working with the local authority to investigate concerns.

People that used the service and relatives we spoke with all said that they felt a safe service was provided. One person said, "I feel very safe with them [care workers] now things have settled down and it's now more or less generally OK." Another person said, "Yes, I feel safe with them [care workers] as mainly I have a regular care worker." A third person told us, "They [care worker] do make me feel safe. I have two of them; one is on one side of bed to make sure I don't fall out when they wash me. They are very good with my hoist, no fear of getting in to it."

Care workers spoken with demonstrated they were aware of their role and responsibilities with regard to protecting people. They knew the different categories of abuse and the action required if they suspected abuse. Care workers confirmed they had received safeguarding training and records viewed confirmed this. One care worker said, "I would report anything that was out of the ordinary for that person." Another care worker told us how they had used the provider's whistleblowing procedure to report another care worker with regard to their attitude and behaviour towards a person that used the service.

At our last inspection people that used the service told us how they experienced late and missed calls and how this impacted on their health and well-being. We found concerns with how risks to individuals were assessed and managed.

At this inspection there was still a common theme raised by people that they experienced care workers arriving late and that they were not always informed beforehand. However, acknowledgment was made that the issue with late calls was improving. One person said, "I've asked for my lunchtime call to be 12 noon, but they [care workers] are late every day." Another person told us, "Sometimes my evening call is over 2 or even 3 hours late, and they even send one carer worker instead of two." Additional comments included, "We had issues with care workers being late. We had to ring up to find out where they were. They (provider) have a process of advising if they are going to be half an hour late which wasn't being followed especially but It's now improved."

On the whole people told us that their experience of missed calls had improved and that care workers stayed the full time and provided a safe service. One person said, "They (provider) have rung on occasions to say they are late, but it's not consistent. They have never not come." Some people told us that they felt care workers were rushed whilst others said they had not experienced this.

Care workers told us that some improvements had been made to the service people received. They said they received a rota in advance to advise them of the visits they would be doing. However, sometimes they said that this information was not sent or was received late. The mobile telephone system used to advise staff of changes such as visits and information about people's needs on the whole had improved. Some care workers said they had experienced some difficulties with this new system. Also many care workers expressed concerns about difficulties contacting the office to advise if they were running late.

We shared comments received from people about late calls, poor communication and the feedback from care workers with the management team. As a result they

Requires improvement

# Is the service safe?

planned a meeting with the care coordinators and assessors to discuss what further improvements were required to reduce late calls and improve communication with people that used the service and care workers.

Since our last inspection improvements had been made to people's assessment and risk plan documentation. From the sample of care records we looked at we found that Information was more detailed and personised to the person's individual needs and risks. The provider had an ongoing plan in place to reassess and review people's risk assessments.

Care workers employed at the service had relevant pre-employment checks before they commenced work to check on their suitably to work with people. This included checks on criminal records, references, employment history and proof of ID. The branch manager gave an example of the action taken when concerns had been identified about a care worker that had been responsible for unsafe practice when providing care. Records looked at showed the provider had a staff disciplinary procedure that was used appropriately.

At our last inspection we found concerns regarding management of medicines. Care workers had received medicine management training, but not all had completed refresher training. At this inspection we found the training matrix still showed that not all staff had completed this training. The training manager told us that the remaining staff would complete this training in December of this year.

On the whole people told us they were supported with their medicines safely. One person told us, "They [care workers] do my medicine. They ensure I take it always." Another person said, "They [care worker] always check that I've taken my tablets." A relative told us that the document to record if their relative had been supported with their medicine was regularly not completed. We spoke with the branch manager and made them aware of these concerns; they agreed to speak with the care coordinator to investigate.

Some care workers we spoke with confirmed they had received medicines refresher training others had not. Additionally, some care workers told us they had received an observational competency assessment of them supporting a person with their medicines, other had not. From records looked at we found some documentation that confirmed staff had received a medicine competency assessment during this year. However, this was in the minority of records looked at. We discussed this with the branch manager who said they would discuss this with the care coordinator and assessors who had responsibility of completing observations of care workers.

Requires improvement

# Is the service effective?

## Our findings

At our last inspection we found people were not protected against the risk of receiving care or treatment that was inappropriate or unsafe. The provider had not sufficiently identified, assessed, monitored and managed risks relating to the people's health, welfare and safety. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The provider sent us an action plan that detailed how they intended to make the required improvements. At this inspection we found that the provider had met this breach in regulation. Whilst this breach was met further improvements were required to ensure sustainability and additional time was required for new processes to fully embed.

Improvements had been made to the assessment process of people's needs. Assessments were more detailed and person specific. Support plans were more detailed and reflected people's needs more effectively. The branch manager told us some care plan reviews had been completed but this was an ongoing process. They said reviews had been booked and planned for. We looked at the system used to plan these reviews, but could not be assured that appropriate plans had been made. We discussed our concerns with the management team; they told us they would review the system as a matter of urgency. Within a small number of cases where people had transferred from another service, there was information available but the documentation had not been updated to the providers format. We received information after our inspection that advised us these reviews would be completed by a specific date in November of this year.

People that used the service, including relatives we spoke with, gave a mixed response of how well they thought care workers were trained and how knowledgeable they were about their needs. One person said, "I do get quite a lot of staff changes, but they still understand my needs. The new ones come with someone experienced." Another person told us, "The good ones know everything about me." Negative comments included, "Although there is a care plan, most of the care workers don't read it."

Care workers told us about their induction experience. Some care workers told us that they found the induction was helpful and that it went some way to prepare them for their role and responsibilities. Some care workers we spoke with had no previous experience of care work and said that the two days of shadowing of experienced care workers were not long enough. One care worker with no previous experience told us how they only had one opportunity to shadow before they provided care independently. This care worker said, "I just shadowed in the morning and was working by myself later that day. No one asked if I was okay." All care workers told us that they thought the quality of the training was good but said, "It's not often enough."

The frequency and quality of support provided to care workers was inconsistent. Care workers were managed by different care coordinators. One care worker had worked for the provider for five months; they had not met with their care coordinator or had been contacted during this time to see how they were getting on. This care worker said, "They [care coordinator] only call when they want you to work extra shift." Another care worker said they had a face to face meeting during the first three months which they found helpful. Additionally they said they had been supported to apply to do the level three diploma in social care whilst another care worker had been advised that there was no funding and this was not an option for them. Some care workers spoken with who had worked for the provider for more than 12 months told us they had not received a face to face meeting to discuss their training and development needs.

We looked at a sample of care worker files and the matrix that recorded when staff had received a one to one meeting, an appraisal meeting and a spot check. This is an observational assessment of care workers practice. This showed staff had not received regular support. For example, 65 care workers had no record of having received a one to one meeting. 45 had not received a spot check. The branch manager told us that they were fully aware that supervisions and appraisals was an area that required improvement.

We received a mixed response from people when asked if consent was sought before care and support was provided. One person said, "They [care workers] usually ask if it's ok before doing most things." Another person told us, "They [care workers] don't ask permission they just get on and do it. I have a care plan not sure if I signed it." Additional

Requires improvement

# Is the service effective?

comments included, “They [care workers] normally ask first, not always. I think there’s a care plan, not sure how recent it is, can’t recall it being updated. There’s no restriction on me.”

The Mental Capacity Act 2005 (MCA) is legislation that protects people who lack mental capacity to consent to certain decisions about their care and support. The principles of the MCA were known and understood by the management team. Care workers confirmed they had received MCA training.

From the sample of care files we looked at we found where people had mental capacity to consent to their care and support they had signed their support plans to show consent had been given. We also saw that the pre-assessment form recorded if a person had lasting power of attorney. This gives another person legal authorisation to act on a person’s behalf about decisions relating to their care and welfare. Where people lacked mental capacity to consent to their care and support MCA assessments and best interest decisions were made in accordance to this legislation.

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. Some people that used the service required support with eating and drinking. People told us that care workers supported them with meals, shopping and checked food to ensure they were safe to eat. However, some concerns were made about where food was out of date or had gone off it had not been discarded. Another person raised concerns about care workers ability to cook simple meals. A person told us, “One [care worker] didn’t even know how to poach an egg, another buttered bread and put it into a vertical toaster to toast the bread, these guys just don’t have basic cooking skills.”

Care staff spoken with gave examples of how they supported people to eat and drink sufficient amounts and that they were aware of people’s dietary needs. We found examples from the care records we looked at that people’s nutritional and dietary needs had been assessed and planned for.

People were supported to maintain good health. Some people gave examples of how care workers had supported them with their health needs. A person said, “If she [relative] catches a cold they [care worker] ring the doctor. Her hearing aid broke; they took her into town to replace it.”

Care workers we spoke with gave examples of how they had supported people with their health needs. Several told us how they had reported concerns to the office to alert healthcare professionals of a change to a person’s health. We looked at examples of the daily records care workers made at every visit. These were on the whole detailed and included reference to people’s health when concerns had been identified.

Requires improvement

# Is the service caring?

## Our findings

On the whole people that used the service and relatives we spoke with described the care workers as kind and caring. Some people and relatives we spoke with said they thought that some care workers were better than others. One person said, "They [care workers] are kind; they sit and talk to me, very nice really." Another person told us, "They [care workers] are very lovely and caring. A carer worker came in her own time after I had a fall which was lovely." A relative said, "Some care workers are less personable than others. Some are quiet and do their job. Others chat too much and can be poor. Caring skills are good, communication skills poor."

People told us that where they had raised concerns with the provider about the approach or attitude of care workers, a different care worker was provided. All the people we spoke with told us that what was important to them was to have regular care workers and to be informed in advance of which care worker was due to visit them. Some people received a rota some did not. Those who had received a rota said they were not always accurate. We also found by talking to people that some had regular care workers whilst others did not. The frequent changes of care workers had an impact on how caring relationships developed with people that used the service.

Care workers that we spoke with said that they cared for some people on a regular basis, but often changes were made to their rota. They talked positively about the regular people they supported and how they had developed trusting and caring relationships. They said that they got to know people very well which enabled them to easily identify if a person was unwell or not themselves. Care workers expressed concerns about visiting people they were unfamiliar with. Whilst there was a system to inform them of the person's needs this did not always work effectively.

Care workers we spoke with showed a sense of compassion and kindness and a commitment to want to provide a caring and effective service. One care worker told us, "I introduce myself and get to know the person. I ask them how they like their care provided and respect the person's wishes." Other care workers gave examples of what action they had taken to relieve people's distress or discomfort. This involved providing comfort and reassurance and sitting listening to the person. One care worker said, "For some people we may be the only people that they have visit them. It's important we show people that they matter and we care. Some people need to talk or to be reassured." A person we spoke with confirmed what care workers told us, they said, "They're [care workers] just always caring if I have concerns. They are very friendly and listen and reassure me."

People's experience of being supported to express their views and be actively involved in making decisions about their care and support was inconsistent. Some people felt involved and some did not. One person said, "I have a care plan. They [assessor] did it with me and my daughter." Another person told us, "A while ago someone came to discuss my care, not sure what happened." Some people told us that whilst they had support plans that advised care workers of what their needs were and how to meet their needs care workers did not always follow them. A relative said, "The care workers who come in just don't read the book, so I have to tell them and show them what to do." Another relative said, "The care plan we wrote up isn't being used, it's all there in the plan, but the care workers don't read it. I've left post-it notes all over, but they seem to ignore them."

We spoke with two assessor's whose role was to assess people's needs which they used to develop support plans. The assessor's told us that they involved the person and their relative if appropriate, to advise how they wanted their care package to be provided. Care workers gave examples of how they involved the person in day to day decisions about the care and support provided. People we spoke with, confirmed that support plans and recording books used by care workers to record the support provided was available and kept in the person's home. People had access to this and could view what was recorded.

Care records we looked at showed examples where people had been involved in discussions and decisions about how they received their care and support.

At our last inspection we found that people did not have access to independent advocacy information. Advocates are trained professionals who support, enable and empower people to speak up. At this inspection we found this information was still not available. The regional manager told us that they would support people to access this service if required and that the provider was in the process of adding this information to the information pack people received about the service.

Requires improvement

# Is the service caring?

People were complimentary about how care workers promoted their independence. One person told us, "I can do a few bits myself; they [care workers] do encourage my independence by getting me to do things. A relative said, "They encourage [family member] to get up and walk about a bit." People also said that privacy and dignity was respected by care workers. One person told us, "Oh yes, their [care worker] personal care is good. They are very discreet." Another person said, "They [care worker] encourage me to wash parts of myself in the shower. They put the shower curtain around me and close the door."

Care workers gave examples of how they showed dignity, respected people's privacy and prompted people's independence. One care worker said, "I let people do as much as they can for themselves, maintaining independence is important." Another care worker told us, "I treat people as I would want to be treated in their situation."

People that we spoke with did not raise any concerns that information was not treated confidentially. Staff were aware of their responsibility of maintaining confidentiality. The provider had systems and procedures in place that ensured confidential information was stored appropriately and shared with relevant people and used sensitively.

Requires improvement

# Is the service responsive?

## Our findings

At our last inspection we found the registered person had not protected people against the risk of people receiving care or treatment that was inappropriate or unsafe, by means of the effective operation of systems for complaints. This was a breach of Regulation 16 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The provider sent us an action plan which contained details of how they intended to make the required improvements. At this inspection we found that the provider had met this breach in regulation. Whilst this breach was met further improvements were required to ensure sustainability and additional time was required for new processes to fully embed.

At this inspection we found the provider had implemented a more robust method of recording and responding to complaints. The complaints system in place was monitored on a daily basis. We looked at the complaints received since our last inspection and found these had been responded to in a timely manner with one ongoing complaint.

People that used the service and relatives we spoke with gave us some examples of the complaints they had made to the provider. This included a request to have a different care worker which was responded to appropriately. One relative said, "We have the complaint procedure documentation. When we got [name of care coordinator] she took control of our worries. The complaints were answered effectively." Another relative said, "As a result of my complaints, things are generally improving but it's taken a lot." An additional comment included, "At the moment I would say things are mostly OK, but I do phone up and complain when things go out of schedule they [staff] know my voice in the office."

Care coordinators and assessors we spoke with told us about the complaint system in place. They demonstrated how the concern was dealt with and how this was then uplifted to the electronic complaints system and brought to the attention of the branch manager. Complaints were also monitored by senior management. We were made aware of the provider's website that people could use to report a compliment or concern.

People told us that they had an initial meeting where their needs were assessed and discussed. Additionally, people said that they had been involved in review meetings. A relative told us, "Yes, initially there was an assessment. We had review meetings early January. Some things changed on her [family member] plan. I signed it." A person said, "Yes we were involved in an assessment. We sat with [name of assessor] initially and agreed it. We did a review last week and tweaked the plan."

We received a mixed response from people that used the service when asked if they received a service that was responsive and personable to their needs. One relative told us, "We have requested female care workers only, although it's been pointed out many times to Direct Health they continue to send male care workers who my Dad doesn't like." A reoccurring comment was made that regular care workers were able to provide a responsive service due to them being familiar with people's needs. However, where people did not receive regular care workers this impacted on the quality and effectiveness of people receiving a responsive service. One person told us, "The new staff don't know my routines. I have quite a few new staff." Another person said, "The regular ones [care workers] know what to do, the occasional ones not so. They don't have time to read up." Another comment made was, "Sometimes my uncle refuses to allow care workers in if he doesn't know them, but nobody phones me to tell me that there's not been a visit, and when I go in later he's in a terrible state."

Care workers told us that they often had to visit people they had not met before at short notice with limited information. The management team said that the system to inform staff of changes to their rota and people's needs had recently improved and was more effective. This was not the experience of the majority of care workers we spoke with. Care workers said that where they provided regular care to people they felt they were able to meet people's needs much better.

From the sample of care records we looked at we found improvements had been made to the documentation used to assess people's needs. Information was more personable about the person and included their preferences, routines and life history. We saw examples where consideration had been given to the time of calls dependent on people's needs. However, from talking to people we found some peoples' visits were not always provided at the agreed time. For some people this had a potential impact on their health and well-being. For example, one relative told us that the visits were based on

Requires improvement

# Is the service responsive?

the times their family member needed support with their medicines. They gave examples where care workers were regularly late. We informed the branch manager of these concerns shared with us.

Requires improvement

# Is the service well-led?

## Our findings

At our last inspection we found the provider had ineffective governance systems and processes in place. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The provider sent us an action plan which contained details of how they intended to make the required improvements. At this inspection we found that the provider had met this breach in regulation. Whilst this breach was met further improvements were required to ensure sustainability and additional time was required for new processes to fully embed.

At this inspection a care coordinator showed us the system they used to book and monitor calls. This included action taken such as contact with healthcare professionals when concerns had been identified about a person's needs. The care coordinators worked alongside assessors and managed a team of care workers for their specific area. We saw how the care coordinator could update information to appear on the care workers rota. Care workers then accessed this information via their work mobile telephone. However, many staff told us they had experienced problems gaining access to this information. We made the management team aware of this. This system had been recently updated it was therefore too early to judge how effective it was.

There was also a system that identified missed calls. Electronic logging in and out systems were in place and monitored visits of care workers by both local authorities that funded some of the care packages. Private contracts had a similar system in place provided by direct health. Any concerns about missed calls were raised with the care worker.

Feedback from people that used the service told us that whilst some improvements had been made people were still experiencing late calls. Neither did people consistently receive information advising them of the care workers that would be visiting. People wanted regular care workers that they could develop a positive relationship with. People also expressed their dissatisfaction about communication with the service. One person said, "I phoned the office and I got the feeling that the office staff were just not listening to me. I asked to speak with the manager and was told she wasn't there. Nobody phoned me back." Another person said, "I did phone the office about my morning call being missed, and they [staff] were very abrupt with me, they really told me of for phoning them up. I don't pay them to tell me off."

A relative told us how they repeatedly called the office and left messages but no one got back to them. It was their perseverance that they eventually spoke with someone. This was with regard to frequent late calls. These visits had been classed as time critical. Additionally, care workers had regularly not completed the documentation that recorded what support they had provided. We raised these issues with the branch manager who said they would investigate the concerns raised. The regional manager told us that they would take action to improve telephone contact. In addition they arranged a meeting after our inspection with the office staff to discuss the need to improve communication.

Some care workers additionally gave examples where they had experienced difficulties with contacting the office and messages left not responded to. The regional manager told us that they would address these concerns by reminding staff of the correct contact numbers. They said that they would also give their contact numbers to all staff should they have any problems they could contact them.

Staff had a clear understanding of the provider's vision and values for the service. This included an understanding of staff's different roles and responsibilities. One care worker said, "We aim to make the person comfortable, maintain independence and general wellbeing." Another care worker told us, "We do the best to support people to live independent lives and be happy, I enjoy my job and get great satisfaction from helping people."

People had the opportunity to complete surveys and questionnaires to give the provider feedback about the service they received. We saw an analysis of questionnaires sent out in September 2015. They outcomes were mixed. On the whole people were happy with the care provided and the care workers that supported them. Some people commented about the lack of communication from the office and that they felt they were not always listened to. This is a reoccurring theme that we identified in the feedback we received from people that used the service.

Systems were in place to monitor and audit the quality of the service. A named person was in place to undertake a number of audits, such as medication administration

Requires improvement

# Is the service well-led?

records. These checks were to ensure people had received their medicines as prescribed. We saw examples of completed audits that included ones where concerns had been identified. We spoke with a care coordinator who told us that any concerns were raised with them which they acted upon and arranged a meeting with the care worker. Since our last inspection people that used the service had a report book that contained personal details, care tasks to be completed, medicines required and daily notes. This was a more effective system that recorded what support was provided when and by whom.

A monthly tracker was submitted to the quality team for them to monitor the number of reviews and assessments that had been completed. The senior management team also oversaw this process to ensure the quality of the task was completed. We saw examples of where care packages had been reviewed the branch or area manager had checked and signed them as being completed appropriately. However, we identified that a number of reviews were still outstanding. We were given a timescale by the management team of when these would be completed.

The branch manager told us that unannounced spot checks were carried out on staff. This was to assess how well they provided care, that they were wearing the correct uniform and that they were competent in the support they provided. The majority of care workers we spoke with said they had either not received a spot check or if they had they were infrequent. Records looked at confirmed what we were told. The branch manager acknowledged the system in place that identified when spot checks were due was ineffective and needed to be reviewed.

Care workers gave a mixed response about their experience of staff meetings. Some said they were held every three months, others said they were far less frequent. Whilst we saw some examples that staff meetings had been held, it was difficult to determine if all care workers received the same opportunities.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary.

We spoke with the management team and were aware that some changes to the service had happened and other developments were due that should improve people's experience of the service. The management team said that they had a commitment to make the required improvements that they said would result in people receiving a more consistent service.