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De Vere Care

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection took place on 13 December 2018 and was announced. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.

Not everyone using De Vere Care receives regulated activity; the 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, 62 people were using the service, who received personal care. The provider employed 70 care staff, who visited people living in the local community.

We last inspected this service on 7 December 2017 and we rated the service as Requires Improvement. This was because we found concerns in all five key questions that we ask; is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led? There were four breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to providing safe care and treatment, providing staff with training and support and receiving consent to care from people. Following the last inspection, we asked the provider to complete an action plan to show how they would make improvements. We also sent the provider a Warning Notice for the breach of regulation 17, good governance because the provider was failing to maintain the quality of the service and there was a lack of robust management. We asked for them to be compliant with legal requirements by April 2018.

At this announced inspection, we checked that they had followed their plan and to confirm that they now met legal requirements. During this inspection, the service demonstrated to us that improvements have been made and we have now rated the service Good.

The service had 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 care homes, 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.

Following our last inspection, the provider had made internal structural changes to help make the necessary improvements and carried out a review of processes. They had assessed and monitored the quality of the service to ensure people received safe care.

We saw that improvements had been made in ensuring people received care that was safe and that care was provided to people at the correct times. Care staff had enough time to travel in between care visits to people and the number of missed visits had reduced. Risks to people were assessed and monitored so that these risks were mitigated against.

The provider had sufficient numbers of staff available to provide care and support to people. Staff were recruited appropriately and the necessary pre-employment background checks were undertaken to ensure they were suitable for the role and were safe to provide care to people. Staff received support from the management team with regular supervision meetings to discuss any concerns or issues. They were sufficiently trained and we saw that their training was now up to date. This meant the care and support they provided to people was effective.

When required, staff administered people's medicines and recorded medicines that they administered on people's Medicine Administration Records (MAR). They had received training on how to do this. Staff had received training in infection control and followed procedures when providing personal care.

The provider was now compliant with the principles of the Mental Capacity Act 2005 (MCA). Assessments were carried out for people who did not have capacity to make decisions, using MCA principles.

Staff told us that they received support and encouragement from the new management team and told us they had made improvements to the service. Staff were able to raise any concerns and were confident that they would be addressed by the management team.

The management team carried out regular spot checks on staff providing care in people's homes to ensure they followed the correct procedures and people always received safe care. Senior managers took action where necessary to improve staff performance.

The registered manager reviewed serious incidents to reduce reoccurrence of similar incidents in future.

People's care and support needs were assessed and reviewed regularly.

People were registered with health care professionals, such as GPs and staff contacted them in emergencies or if there were concerns about people's health.

Staff provided people with meals and drinks when they requested to maintain their health and nutrition.

People were treated with respect by staff and their privacy and dignity were maintained. They were listened to by staff and were involved in making decisions about their care and support.

Care plans were person centred. They provided staff with suitable and relevant information about each person's individual preferences in order to obtain positive outcomes for each person. People's care and support needs were assessed and reviewed regularly.

A complaints procedure was in place. People and their relatives knew how to complain and give feedback about their care. Formal complaints about the service were responded to appropriately and within the provider's timescales as set out in their complaints procedures.

The registered manager completed audits and inspections of the service to maintain quality standards and to ensure people were safe at all times.

Feedback was received from people and relatives to check they were satisfied with the service and to help make improvements.

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.

Staff understood how to safeguard people from abuse.

Risks to people were identified and managed safely by staff.

A recruitment procedure was in place to employing staff that were safe. There were enough staff in the service.

Staffing levels were sufficient to ensure people received support to meet their needs.

Medicines were managed safely by staff.

Is the service effective?

Good

The service was effective. Staff received appropriate inductions, training, and support.

Assessments of people's needs were carried out to ensure effective outcomes for their care.

Staff supported people to access health professionals when needed. People's nutritional requirements were met.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect by staff who understood their needs.

People and their relatives had involvement in the decisions made about their care.

Staff were respectful of people's privacy and personal information.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and reflected each person's needs, and preferences.

The provider ensured information was accessible to people in a way they could understand it.

People were able to make complaints about the service. The provider investigated all complaints appropriately.

Is the service well-led?

Good

The service was well led.

Staff received support and guidance from the management team. People and their relatives were satisfied with the management of the service.

There was a quality assurance system in place to check the service was compliant with regulations.

De Vere Care

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 13 December 2018. This was an announced inspection, which meant the registered provider knew we would be visiting. We gave the provider 48 hours' notice. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager, or someone who could act on their behalf, would be available to support us with our inspection. The inspection team consisted of one adult social care inspector and an expert by experience, who made telephone calls to people who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. Before our inspection we reviewed information we held about the service. This included any concerns or notifications of incidents that the provider had sent us since the last inspection and previous inspection reports. We also spoke with commissioners to obtain their feedback about the service.

During the inspection, we spoke with the registered provider, the registered manager, a deputy manager, two senior staff and five care staff. We spoke with five people who used the service and eight relatives.

We looked at thirteen people's care records and other records relating to the management of the service. This included ten staff recruitment records, training documents, rotas, accident and incident records, complaints, health and safety information, quality monitoring and medicine records.

Good

Is the service safe?

Our findings

At our previous inspection in December 2017, we found a breach of regulations relating to safe care and treatment for people. This was because not all people received care at the agreed days and times and some had experienced missed calls. We also found that risks to people were not always adequately assessed to ensure staff had sufficient guidance to manage any specific risks that could impact on people's health.

At this inspection, we saw that these concerns had now been addressed. People told us staff arrived to provide care to them at the assessed times or at times they had agreed with staff and the service. One person said, "My carer usually arrives at the usual time. We have agreed on that time."
Another person told us, "[Carers] running late? No they don't. I always give them a half an hour before I start worrying." Another comment from a person was, "Yes its very seldom that they don't come on time." Staff told us they had enough time to travel between their visits to people. One staff member said, "I am happy with my rota. I have plenty of time for my visits. People live close to each other so it is not a problem."

We looked at the electronic call monitoring system that senior staff in the office, such as care coordinators, used to check staff had logged in and out of calls to people's homes, as they were scheduled. Staff logged their calls using a phone. If they were unable to use a phone, they would complete a timesheet. We found that daily records and timesheets showed that staff completed their tasks and calls at the times that they had been assessed for. We looked at rotas, which showed the days and times care was to be provided to people. Cover arrangements were in place for when staff were unavailable and senior staff ensured the call was covered.

When a person did not receive care when they were expected to action was taken promptly by senior staff to ensure people were safe. Instances of missed visits had reduced but did occur occasionally. Records showed these were isolated incidents.

If there was a missed visit, an alert was raised to senior staff for action to be taken and for a cover staff to attend. They would also investigate why care staff had not arrived for their visit. We saw that where there were missed visits, these were investigated by the registered manager after the alert was raised. People were contacted to check they were safe and were provided an explanation. This showed quality assurance systems had improved to ensure people received safe care at all times.

Senior staff were notified by staff who were running late for their calls due to traffic or delays. Senior staff would then contact the person to update them on when to expect their care worker.

The service was monitored out of hours and at weekends when senior staff, including the registered manager, were on call in case of an emergency.

Risk assessments for people were more detailed and had improved after our findings at our last inspection. Any risks were identified during assessments of people's needs and they contained suitable guidance for staff on how to minimise these risks. Staff were able to access the risk assessments by viewing the person's

care plan and told us they were clear and easy to follow. One staff member said, "I understand the risks for each person. The risk assessments are very good and I understand them. I know what to do to keep my client safe."

The assessments identified what the risks might be to the person and what type of harm may occur. These included any risks with the person's mobility, their home environment and any risks associated with their health, the medicines they needed to take or concerns with skin conditions they may have. One person's risk assessment detailed how they had arthritis, diabetes and a dislocated shoulder. There was guidance for staff to follow relating to each of these conditions and the severity level of each risk was measured as either high, low or medium. For example, staff were required "To be aware of [person's] shoulder when support [person] with moving and handling and report any concerns." This showed that risks to people and their health were assessed and monitored to help reduce these risks occurring.

People and relatives told us they felt safe. One person said, "Yes I definitely feel safe." Another person told us, "It's safe yes. I feel safe." A relative said, "Yes, [family member] is safe and happy with the carers." People confirmed staff carried their identification when they entered their homes to show they were authorised to visit them. One person said, "Oh yeah I always make sure that I see their IDs. I know them all now."

People were protected from the risk of abuse and there was a safeguarding procedure in place for staff to follow. Staff were aware of their responsibilities for safeguarding people and understood how to report any abuse, such as physical, financial or verbal abuse. One member of staff said, "I would report it to my manager if I suspected something was wrong or a client was being abused." Staff had knowledge of the whistleblowing policy, which enabled them to report any concerns they had about their employer to regulatory authorities, such as the police.

Staff followed infection control procedures and used gloves and aprons when they provided personal care. This helped to minimise the risk of infections spreading. Staff checked that all care equipment they used was safe so that they could deliver effective care and support. They reported any faults with equipment to the office. The registered manager and staff were aware of what actions to take in the event of accidents or incidents occurring. Records showed that each incident was reviewed for future learning and reduce possible reoccurrence. For example, where staff did not fulfil their duties to provide care appropriately, such as through a missed visit without a valid reason, the incident was investigated and reviewed to minimise the risk of reoccurrence.

There were safe recruitment procedures in place. The provider carried out the necessary criminal checks to find out if the person had any convictions or were barred from working with people who use care services. We saw that new staff completed application forms and provided two references. Evidence that the applicant was legally entitled to work in the United Kingdom was also obtained. Applicants were required to list their previous experience where applicable and their employment history.

Staff were observed by the care coordinator during spot checks, which are observations of staff to ensure that they are following safe and correct procedures when delivering care. We saw spot check records, which showed that staff were observed carrying out safe care while wearing their identification badge. During spot checks, staff were also observed prompting and administering medicines to people to check their competency to safely administer medicines, when required.

A medicine policy and procedure was in place for staff to administer medicines safely when required. This included medicines to be given when required (PRN), such as paracetamol. Records showed that staff were assessed as competent to manage medicines. Staff recorded the medicines they administered on the

Medicine Administration Record sheets (MARS), which contained details of people's medicines and their personal details. We saw that MAR charts were completed and accurate. Staff told us they were confident with administering medicines and had received training. One staff member said, "I know what to do with medicines as I received good training. We administer from blister packs and record on MAR sheets. We complete daily notes as well. I understand the risks and look for signs of medication misuse as well." People confirmed they received medicines from staff when required. One person told us, "The carers give me the medication, when they come in the morning and afternoon and lunch time and dinner time. They write it in the file." Some people self-administered or were provided their medicines by family members or health professionals. One person told us, "No I do that. I manage it myself."

Good

Is the service effective?

Our findings

At our previous inspection in December 2017 we found that care staff were not provided with the training they needed to practice their roles effectively. This was a breach of regulations because staff did not receive appropriate support, training, professional development, supervision and appraisals to enable them to carry out their duties. At this inspection, we saw that improvements had been made and staff training was now up to date. Staff were supported with regular supervision meetings, in accordance with the provider's policy of having them at least four times a year.

Staff were provided with training needed to perform their roles effectively. All staff had received refresher training over the past twelve months in key areas including safeguarding adults, moving and handling, health and safety, the Mental Capacity Act 2005 and medicine administration. One member of staff told us, "The training has been very good. There is more training now and it is proper training. I am also doing my NVQs (National Vocational Qualification)."

Some training topics were scheduled for refresher training either annually, every two years or every three years. Practical training was delivered to groups of staff and there was further training provided online. A training matrix we viewed showed the dates that refresher training was due. This meant staff would be able to keep their knowledge and skills up to date in line with current legislation and guidance.

People and relatives told us staff met their individual needs and that they were happy with the care provided. One person told us, "Yes everything is alright. They are good. Another person said, "Well they do anything that I need them do. I would say [carer] is very well trained." A relative said, "Yes, the carer is very well trained and very respectful." Another person told us, "All the carers that have come so far have all been very good."

There was an induction programme for new starters who were able to shadow more experienced staff members and learn about the requirements of their role, gain experience and get to know people who used the service. One person who used the service confirmed that new staff accompanied experienced staff when visiting them and said, "The second carers who come are trainees watching what happens and everything." New staff undertook mandatory training over four days and completed the Care Certificate over the following 12 weeks, which is a set of 15 standards that health and social care workers adhere to and work towards. Staff would complete these assessments in their own time. We saw that some new staff had completed the Care Certificate and some were still in progress.

Staff felt supported in their roles by the management team. At our last inspection we found that staff had not received planned, recorded supervision for more than six months to a year. Supervision is a means for line managers to support staff with their development, review their work and to discuss any concerns or issues staff had. At this inspection we saw that staff were now receiving more regular supervisions and support. They received these at least four times a year, as required by the provider's supervision policy. The registered manager maintained a log to check when supervisions were next due. Annual appraisals were also completed for staff, which reviewed the staff's performance over the whole year and set targets for the

following year. One staff member commented, "Supervisions are more frequent than they used to be." Another staff member told us, "I feel very supported and the managers are nice and kind." A third member of staff said, "It's much better now. They [management] look after us."

The 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.

At our last inspection, the service was not working within the principals of the MCA because capacity or best interest assessments for people had not been completed and their consent to care was not always sought. This was a breach of regulations. At this inspection, we saw that the provider had taken steps to address this issue. The provider and staff had a good understanding of the principles of the MCA. At the pre-assessment stage, people's capacity was assessed and recorded. Where people were assessed as not having capacity, the provider ensured that the best interest pathway was followed. Where possible, people had signed a consent to care forms agreeing to receive support and care from the service. If people had a Lasting Power of Attorney in place this was recorded in their care plans which meant that the person gave their permission for another person to make decisions on their behalf. Staff sought people's consent before carrying out tasks. One person said, "They always ask for my consent before doing my care." A staff member told us, "I always ask the person's permission before I start a task around their personal care."

Staff completed records of the care they provided and noted any concerns or issues. They used this to communicated with each other to ensure people received continuity of care. This ensured important information was shared and necessary follow up action was taken so that people received care and support when needed.

Pre-assessments were carried out effectively prior to people receiving care from the service. The provider received referrals from the local authority for people that required care and support in their homes. Senior staff carried out an assessment of the person's needs. Assessments enabled the service to identify the type of support the person required and how to meet their needs and any outcomes they wished for their care. Assessments covered the person's current health, their home environment, their mobility, any specific conditions they had and equipment they used. The assessment was used to inform the times of the day care was to be provided and for how long. Discussions were held with other health or social care professionals for further information. Referrals were also received for people who wished to purchase their care privately.

People were supported to have their nutritional and hydration requirements met by staff and told us that staff warmed pre prepared meals and provided them with a drink, when they requested. One person said, "They give me meals or a cup of tea or something like that". Another person told us, "Sometime in the morning a cup of tea or toast." Care plans informed staff if they were to support people with meals or if the person's relatives were responsible for this. A relative said, "No at the moment we cook [person] things and put them in the fridge or freezer but the carers will offer cups of teas or anything like that."

People's care was planned and delivered to maintain their health. Care records included the contact details of people's GP and other health professionals, so staff could contact them if they had concerns about a person's health. Records confirmed that staff took action when they had concerns about people's wellbeing or noticed any deterioration in their health. One person said, "Yes, everything is alright. I will go doctor. Carer and relative help me if I need to call doctor." Staff knew how to respond to any concerns they had about a person's health. A member of staff said, "We will call the doctor if we see someone is not well. In an emergency we will call an ambulance." This meant the service supported people to access health services to

ensure people were in the best of health.

Good

Is the service caring?

Our findings

At our last inspection, we found the service was not consistently caring because staff did not always demonstrate a caring attitude and respect towards people. Staff were not happy working for the provider and this affected the delivery of the service. This led to some people being left without care and they were not given an appropriate explanation.

At this inspection, we saw that changes and improvements in the service had been made. People were provided with care at the assessed times. If a member of care staff was running late or there was a change in carer staff or times, people would be notified. People and relatives told us staff were respectful, kind, caring and considerate. Staff told us the improvements meant they were more happy and motivated in their work. They told us they cared for the people they supported. A staff member said, "I have been a carer for a long time and I love it. I get on really well with my clients."

People and relatives told us that staff were caring. One person said, "Very caring indeed." Another person told us, "Yes definitely. They're nice people. They help and look after me." A relative commented, "[Family member] is happy with the carer, who is kind."

People and relatives told us they received care from staff who they were familiar with and understood their care and support needs. They confirmed they were provided care from the same staff, which gave them consistency of care. This led to people developing a positive relationship with their care staff. People and relatives told us they felt comfortable with staff who visited them regularly and enjoyed their company. One person told us. "[Carer] is very good. They come three times a week. Normally the same carer." A relative told us, "Yes, the staff are caring and understanding. There are times when [family member] can be a bit difficult but the carers do help them by treating [family member] like they are their own relative." Another relative said, "When they need to send a replacement carer, they send a carer we know. So that's good."

Staff had a good understanding of all people's care needs and personal preferences. A relative told us, "The carers are very understanding of [family member's] need. [Family member] has one carer she is very good and understanding. [Family member] likes the carer." Staff respected people's privacy and provided them with dignity. One person said, "Yes they do respect me. If I say I want to go to the toilet, they will shut the bathroom door and not come in." Another person told us, "Yeah, when they're changing [family member] they close the doors and curtains. They [staff] don't over step their mark." A staff member said, "We have to respect people's privacy and make sure doors and curtains are closed and the person is covered up when we are doing their care."

Staff were respectful when entering people's homes. They told us they would ring the doorbell or use a keysafe that they were authorised to use before announcing themselves and greeting the person or their relatives.

Staff had received training in equality and diversity. This helped staff understand how to treat people equally, irrespective of their race, sexuality, age or gender. Staff we spoke with had a good understanding

and were respectful of all people's care needs, personal preferences and their religious beliefs. A staff member told us, "It does not matter to us where a person is from or what their sexuality is. They deserve to be cared for and we treat people equally." Another member of staff said, "I speak to people respectfully and treat them as I would like to be treated."

People and their relatives were involved in making decisions about the person's care plan when it was reviewed and updated. They signed the plans to evidence that the contents of the care plan was discussed and agreed with them, as well as provide their consent to care being delivered. People told us they had seen their care plan and agreed its contents. A relative said, "Yes they've got a book here and a care plan. We were involved in it."

People's care records identified their specific needs and how they were met. People were supported to remain as independent as possible by staff. They required assistance from staff for most of their needs but staff encourage them to do things for themselves where possible. One relative told us, "The carer prompts [family member] to wash and do things."

Good

Is the service responsive?

Our findings

At our previous inspection, we found the service was not always responsive because some people and relatives expressed frustration about the lack of communication from the service. Complaints about the service were not always responded to within the timescales required as set out in the provider's complaints policy. We made a recommendation for processes to be reviewed to ensure all complaints, updates and queries are followed up more promptly.

We saw that these issues had now been addressed at this inspection. People and relatives were more satisfied with the communication from the service and told us it had improved. They were informed of any changes to their care times or the care staff that came to visit them. Queries or complaints people had were dealt with more promptly. One person said, "They send a substitute carer usually. I usually know when my carer is on holiday." Another person said "Yes they do let me know of any changes." A comment from another person was, "I am happy with my carer. He texts and keeps me up to date."

People and relatives told us the service was responsive and said that they were satisfied with the care their family members received. They were complimentary about the service and said they were happy with their regular carers and care arrangements. Where people were unhappy with the service, they or their relatives would contact the office or complete a complaint form. The complaints procedure was provided to people and they told us they were aware of the procedure and knew how to make a complaint. One person said, "Yes of course I know how to complain." Another person told us, "Yes I have complained in the past." A comment from a third person was, "Well I would get in contact with De Vere Care." Some people told us their relative would support them with making a complaint.

We saw that complaints that had been received were logged, tracked by date received and acknowledged by the registered manager. After a complaint was received, the registered manager investigated and took relevant action to resolve the complaint, which was recorded on a complaints outcome form. Their findings and an apology or explanation was then set out in a letter to the complainant with the outcome. Complaints were analysed each quarter to check that actions had been completed. However, we noted the registered manager's correspondence letters to complainants or staff members involved in the complaint, were not dated. We discussed this with the registered manager because it is important for auditing purposes and to confirm responses to complaints were sent out in a timely manner. The registered manager told us they would make sure they would include the date on any correspondence letters in future.

Each person had a copy of their care plan in their home, which contained details of what support people wanted for each part of the day, such as in the morning and in the evening. People confirmed that they had a care plan and they had seen it. One person said, "Yeah, everything is in a book." A relative told us, "Yes there is a big folder and the carer does the daily log."

Care plans were supported by a document compiled by the local authority, which contained background information on the person's health needs and history. People's needs were assessed by the provider before the person started to use the service. The provider produced their own care plan based on the person's

assessed requirements for care. The plans were person centred and entitled "How I like my care to be delivered" which ensured it was personalised according to their wishes. It detailed specific care tasks for certain times of the day, a brief profile of the person with their personal details, any hobbies they enjoyed, their cultural or religious needs. One person's care plan stated, "I like my carer to come in and say hello and ask me how I am." This meant people were provided care in a way that was important to them and staff responded to people's requests and needs.

We saw that care plans were reviewed and updated to reflect people's changing needs when required. They contained a section for a more detailed overview of the person's background and history, although not all had been completed. We discussed this with a senior member of staff, who told us this was in progress due to reviews of all care plans that had taken place in the past year. We looked at daily records written by staff and found that they contained details about the care that had been provided to each person and highlighted any issues that needed addressing. Records showed that issues were addressed by staff and management when they were raised. This helped to monitor people's wellbeing, respond to any concerns and ensure people's needs were met.

Some people were supported with palliative care, which meant they had a terminal illness and were reaching the end of their life. We found that staff ensured people were comfortable, were cared for and regularly checked up on. Support was received from health professionals, such as nurses, who provided advice to staff on managing people's end of life care sensitively and in accordance with their wishes.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. People received a welcome pack when they started using the service which contained relevant contact details, who the provider was and information on how to complain or contact the service. People's communication needs were identified and recorded in people's care plans with guidance on how to meet those needs. Staff we spoke with were not fully aware of the AIS but told us they were able to provide necessary information by communicating with people by speaking slowly and clearly or used simple phrases. A member of staff told us, "I can communicate and understand my client. We know each other and understand each other, there's no problem."

Good

Is the service well-led?

Our findings

At our previous inspection in December 2017, the provider was failing to ensure there was an effective system in place to assess, monitor and mitigate the risks to the health and safety of people and to maintain accurate records. There was a lack of quality assurance from the management team to ensure people had received or were receiving care at the correct times which could have put people's health at risk. Staff were not supported with training and supervision. We issued the provider a Warning Notice because there was a breach of the regulation for good governance of the service. There were also issues relating to the provider's internal structures which led to staff not being paid on time. Some staff decided to leave the provider and this meant service delivery to people was affected. The provider sent us an action plan to tell us how and when they would improve the service by. Concerns were also raised by the local authority and they implemented a suspension of care packages and referrals until sufficient progress had been made. We contacted the local authority prior to our inspection and they told us the service made improvements after the provider had satisfactorily completed actions set out by them.

During this inspection, we found that significant changes had been made. The owner and provider of the service told us they had undertook an internal review and made changes to the management team. A new registered manager was appointed in July 2018. They were able to demonstrate to us the work they had carried out to improve the service. The registered manager was supported by the provider, an executive manager, a compliance officer and senior staff such as care coordinators and monitoring officers. All care staff we spoke with told us the service had improved in the past year. They told us they were being paid on time. The provider said, "We have sorted everything out. The service, the finances everything. We are smaller now but we had to make changes. It was not good and I had to make tough decisions." The management team and senior staff told us progress had been made and they worked well together. The registered manager said, "It was very tough at the beginning but we worked really hard to improve. We went through everything. We were motivated to get the work done. I think the service is running very well now."

We saw that there was now an effective system in place to monitor the service. Care plans and records were up to date, staff had received training that was essential to their role and people told us they were happy with the service. The registered manager monitored the service to ensure people received a better standard of care. Staff said they were happy with the management of the service and were confident they could approach the management team with any concerns. We found that the management team and staff worked well together. One member of staff said, "The new manager is really nice and kind and supportive." Another staff member said, "There is a good team and the company is nice to work for. Things are a lot better than last year. We don't have problems anymore and we are getting paid on time. The new office team are much better and more responsive. They respond straight away when there is an issue. [Registered manager] is supportive and approachable and I have good feelings about them." A third member of staff said, "Really good changes, I am impressed. The office staff are now more approachable. The new manager is lovely and gets things done. She does what she says she is going to do and is a good listener."

Staff attended meetings to discuss policies, procedures and other topics to keep them informed and share important information. They were reminded of their professional responsibilities and daily duties of

completing accurate care records, medicine and fluid charts. There were also management meetings with the provider to discuss staff recruitment, training, inductions and supervision and staff performance. Staff were encouraged to perform to the best of their abilities. There were incentives and rewards such as Employee of the Month to motivate staff to provide a good standard of care to people. The provider ensured the service was operating in line with the CQC standards of safe, effective, caring, responsive and well led care and discussed these at meetings. We saw that minutes of meetings were produced following a recommendation we made at our last inspection for minutes to be written up more clearly for staff to read.

The management team contacted people who used the service to check that they were happy with the level of care. This ensured that care was being delivered and people were satisfied with the service and their care worker. We saw records of assessments and observations of staff who provided personal care that ensured people received safe care at all times.

People told us the service was well managed and said they and were happy with the way the service delivered care to them. One person said, "Well the carers that come here have always been very polite, very attentive. We just can't fault them at all and we think highly of the service." A relative told us, "The carers are brilliant and we get regular updates. I can't think of what they could do better." People and relatives confirmed they had been visited or contacted by the registered manager or other senior staff to check they were satisfied with the service and their care worker. One person said, "Yes she has done recently." Another person told us, "Yes I think she did." A relative told us, "Yes two or three months ago and she said she will be back in six months."

The registered manager notified us of incidents that took place in the service, which providers registered with the CQC must do by law. There were quality assurance systems in place to monitor and improve the service. The registered manager undertook quarterly and monthly audits and inspections. The audits covered staff training, call monitoring, care plans and assessments. The provider carried out an internal assessment of the performance of the service. We saw from the latest audit that their score was 85%. This was an improvement on their self-assessed score from the previous year and meant that progress had been made according to the provider's own requirements. The registered manager identified where improvements were needed and what actions should be taken to address any issues. For example, some care staff required reminding of the importance of supervision meetings and training, so that they were able to continue to perform their roles effectively. Where staff required further improvement with completing medicine records or fluid charts, this was identified and discussed with them. The provider had also identified that a system for analysing trends relating to all accidents and incidents was required and we saw this was in progress. This would help make broader improvements in the service through learning from lessons and mistakes.

The management team carried out spot checks on staff to observe them in practice and made telephone monitoring calls to gain people's views about their care and support. We found that people were happy with the service provided. One relative of a person wrote in their feedback, "I would like to pass on my compliments to [care staff]. You are phenomenal."

The provider sent out annual questionnaires and surveys to people and relatives. Surveys helped to ensure people were satisfied with the care and support that was delivered. Feedback from returned surveys was positive and where there were shortfalls or negative comments, this was analysed by the management team to drive continued improvements in the service.