Clece Care Services Limited

Clece Care Services Limited - Ipswich Branch

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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Clece Care Services Limited – Ipswich Branch provides personal care and support to people living in their own homes. When we inspected on 1 and 7 February 2017 there were 121 people using the service. This was an announced inspection. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available.

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

During 2016 there had been a significant number of safeguarding issues and information of concern reported by various stakeholders including members of the public. This included medicines errors, recording shortfalls, missed and late visits, care workers not wearing their uniform, staying the allocated time and having the appropriate equipment. Ineffective oversight and governance arrangements, not responding appropriately to people's concerns and poor quality of care provided.

The provider submitted an action plan to us about the measures they were taking to address our concerns. We met with the provider's nominated individual, the registered manager and other management representatives from Clece Care Limited on 15 April 2016 and 1 September 2016 to discuss their action plan. We found that some progress had been made for example the number of missed/late visits had reduced but further improvements were needed to ensure people received continuity of care. The provider's nominated individual advised us they implementing a system to address this.

During this inspection we found that further improvements were needed regarding communication and coordination processes. Whilst the majority of people we spoke with and their relatives were complimentary about the care provided and said they received safe and effective care, this was when they had they had their regular care worker/team in place. Inconsistencies occurred when people received care from care workers who were new to them and not familiar with their needs.

Despite ongoing improvements to ensure there were enough care workers to meet people's needs, people did not consistently have a regular carer/care team in place and did not always know in advance who would be coming to provide them with care.

A complaints procedure was in place but not everyone knew how to raise their concerns if they were unhappy with the care they received. There was mixed feedback from people about their experience of the complaints process; not everyone felt their concerns had been properly addressed and knew who the registered manager was Improvements were needed to ensure people could report their concerns, with their feedback valued and used to improve the service.

Improvements were ongoing to ensure people's care records reflected personalised care which was regularly reviewed and amended to meet changing needs. People and/or their representatives, where appropriate, were involved in making decisions about their care and support arrangements.

Since the service was registered in 15 November 2015, there have been a number of managerial changes at both provider and service level. Historically this has impacted on the quality of service provision and contributed towards ineffective governance and oversight arrangements. The current leadership team comprising the registered manager and provider's nominated individual were a visible presence in the service and were implementing their service development plan. This included a number of measures to improve the overall quality and stability of the service. For example the recording and auditing within safe management of medicines and people's care records and the coordination of people's visits. At the time of our inspection not all of these measures were in place for us to assess their impact. These measures need to be fully embedded and sustained within the service to drive continued improvement.

Systems were in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood their roles and responsibilities in keeping people safe and actions were taken when they were concerned about people's safety.

Procedures and processes provided guidance to staff on how to ensure the safety of the people who used the service. Risks to people were assessed and managed appropriately to ensure that people's health and well-being were promoted.

There were sufficient numbers of care workers who had been recruited safely and received supervision and training to support them to perform their role.

Improvements had been made to the recording and auditing systems for the safe management of people's medicines but these were not fully embedded to assess their overall quality.

Care workers understood the need to obtain consent when providing care. They had completed training in relation to the Mental Capacity Act 2005 (MCA). Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) were followed which included steps that the provider should take to comply with legal requirements.

Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment. Where required people were safely supported with their dietary needs

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.

Robust systems were not embedded to ensure people received continuity of care from care workers that were known to them. Improvements were ongoing to ensure there were enough care workers to meet people's needs.

Improvements had been made to the recording and auditing systems for the safe management of people's medicines but these were not fully embedded to assess their overall quality.

Care workers received training and understood their roles in recognising and reporting any signs of abuse. The service acted appropriately to ensure people were protected.

Is the service effective?

Good

The service was effective.

Care workers received supervision and training to support them to perform their role.

People told us they were asked for their consent before any care, treatment and/or support was provided.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Requires Improvement

The service was not always caring.

Inconsistencies within the coordination and communication systems impacted on people's experience of receiving a caring service at all times.

People were supported by care workers that were kind and compassionate. However not everyone was treated with dignity and respect.

People's independence was promoted and respected.

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

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Improvements were needed to ensure people's complaints were acted on, valued and used to improve the service.

Improvements were ongoing to ensure people's care records reflected personalised care which was regularly reviewed and amended to meet changing needs.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Processes were in place to monitor quality to drive improvements within the service. However, further improvements were needed to some of these processes to ensure they were effective in identifying and responding efficiently to address any shortfalls.

The leadership team were approachable and a visible presence in the service.

Clece Care Services Limited - Ipswich Branch

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.

This inspection was announced and carried out on 1 and 7 February 2017. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that a senior member of staff would be available on our arrival. The inspection was carried out by one 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, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

The inspector visited the office on 1 and 7 February 2017 and we spoke with the provider's nominated individual and regional manager, the registered manager and nine care and office staff. We also carried out telephone interviews and spoke with eight care staff. With their permission we met with three people and one person's relative in their own homes on 7 February 2017.

The telephone interviews with people who used the service and their relatives were carried out by the inspector and expert by experience. We spoke with 17 people who used the service, and eight people's

relatives. In addition we received comments about the service provided from four community professionals.

To help us assess how people's care needs were being met, we reviewed eight people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they frequently did not know who was coming to deliver care and their weekly rotas often contained a mixture of named care workers and visit times marked as unallocated. On the day of our home visits all three people we met showed us their weekly rotas. Each one contained some visits with a named care worker but all three also had visits marked as unallocated. Everyone we spoke with confirmed that no one from the office had contacted them to update them on who they could expect for these unallocated visits. One person said, "I find it is always me that has to phone to find out what's happening. I'm fairly certain nobody has called me from the office yet, perhaps that's because I get in first ahead of them because I want to know what's going on." Another person commented, "I really don't like the uncertainty and worry that comes when carers are running late so I will usually phone the office myself, although I have to say my carer [care worker] actually phoned me today they were held up with a client while they were waiting for an ambulance to arrive and that they would get to me as soon as they could. This was the first time anybody has contacted me first."

There was some confusion over the agreed times of visits with people telling us they were frequently late. The majority of people were not aware of the changes to their visit times that meant that care workers could arrive half an hour either side of the agreed time. One person said, "The timings for my visits were organised by my previous agency and this agency just took them over last year. However I have found that the carers [care workers] can get here sometimes well over half an hour too early or sometimes up to an hour later that the time it should be. It gets very frustrating, because I find it so difficult to plan anything for the day when I can't guarantee what time my carers [care workers] will get here." Another person described their experience stating, "I am now in the routine that as soon as the carer [care worker] is nearly half an hour late. I will phone the office and find out who is coming to me and when they should get to me because I am fed up just sitting and waiting and sometimes I need the toilet and I can't just wait all morning for someone to arrive. It doesn't help that sometimes on the rota there isn't anyone allocated to a certain visit, I don't see the point in sending out a rota unless it's complete and you could rely on it."

The registered manager advised us that communications had been sent to people advising them of the flexibility around the visit times. This was in agreement with the local authority who was the main commissioner. They said they would issue further communications to ensure people were aware of the changes and this would also be discussed as part of people's reviews so that they could check that people had understood what the changes meant for them.

In response to the issues around continuity of care the registered manager told us the measures they were implementing to address this. They explained that the priority had been to increase the number of care workers and fill the vacancies which had contributed towards missed and late visits. They now had a dedicated recruiter in post and had increased their work force numbers to be able to cover the number of visits required. This included an additional coordinator employed to provide support and cover to the role. In addition they had implemented an electronic monitoring system. Care workers using hand held mobile devices logged in and out of each visit. This alerted office staff if the visit was running late or had been missed and they could make appropriate arrangements. The second phase of the implementation had just

begun and involved establishing care workers to set visits /routes which would then become fixed. This was called 'templating' and would be done electronically, allocating a main care worker and also a small team that could provide cover and would be known to the person. This was aimed at addressing the inconsistencies concerning continuity of care. At the time of the inspection the templating process had just begun so we were unable to assess its overall impact. We were encouraged that the provider had independently identified the inconsistencies we had found and was taking action to rectify this. These measures will need to be fully embedded into the culture of the service to ensure people consistently receive safe quality care.

People told us that their care workers stayed the allocated time. Several people told us they had seen improvements since the introduction of the electronic monitoring system. One person said, "I feel I must give them [service] a little bit of credit because I think over the last month or so, there has been some improvements made, like the fact the carers [care workers] now have to log in and log out when they get to our house and the timings of the calls do seem to be coming back in line with what we wanted in the first place. I only hope the improvement continues and the next step really needs to settle the management structure down and to have people in post for longer than a couple of months at a time." Another person stated, "They [care workers] are much better now, since starting to log in and log out because they have to stay for the amount of time they should do. The time goes so quickly anyway, particularly by the time they've written in the records as well." A third person commented, "I have to say that I've never really had any problems with them [care workers] staying for the full time and they are good and will ask if there's any extra jobs I need help with before they leave."

People told us that they felt safe when they were supported by regular care workers. One person said, "I always feel safe; they [care workers] are decent and trustworthy. I know all my carers [care workers]." However issues arose when people did not have their regular care worker/s. One person said, "I do usually feel safe when I've got my regular carers looking after me because they know what they are doing. Sometimes if it's a new carer or someone I haven't seen in a long while, and they are hoisting me out of bed, I don't always feel as safe as I normally do and I find myself checking and rechecking to make sure that the sling is on properly before they [care workers] start lifting me."

Suitable arrangements were in place for the management of medicines. The majority of people self-administered their own medicines. Where people managed their own medicines there were systems in place to check that this was done safely and to monitor if their needs had changed or if they needed further support.

Those who required support told us they were satisfied with the way that their medicines were provided. One person said, "My tablets are given to me by my carer [care worker] together with a glass of water and they write to say I've taken them in the records."

Care workers were provided with medicines training. Regular medicines audits and competency checks on care workers were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required. In addition the registered manager had taken action to address medicines recording errors that they had identified. This included the introduction of a new medicines administration records (MAR) booklet for care workers to complete which would reduce the likelihood of recording errors. The new booklets listed each person's medicines throughout the day and the times they were to be administered. When a medicine was not to be administered for example at a lunch time visit, then this medicine would be blocked out on the booklet with only the medicines to be given stated. This was to make it clear to the care worker exactly which medicines were to be provided. At the time of the inspection we were unable to assess the impact of the new MAR

booklet as it had only been in operation for two weeks, future audits were planned by the registered manager to ensure its effectiveness.

Systems were in place to reduce the risks of abuse to people. Care workers received training and understood their roles in recognising and reporting any signs of abuse. They described the types of abuse that people could be subject to and said that they would contact the registered manager, phone CQC, the Local Authority safeguarding team or the police if required. The number for the safeguarding helpline was displayed in the service. Where safeguarding concerns had been raised the registered manager worked closely with the relevant agencies to take the appropriate action to mitigate risk and protect people.

Care and treatment was planned in a way that was intended to ensure people's safety and welfare. Care workers were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, medicines and risks that may arise in the environment of people's homes. People who were vulnerable as a result of specific medical conditions or dementia, had plans in place guiding care workers as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Care workers told us and records seen confirmed that the risk assessments were accurate and reflected people's needs.

People were protected by the provider's recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service. Office staff and care workers told us and records seen confirmed that appropriate checks had been made before they were allowed to work in the service.

Good

Is the service effective?

Our findings

People fed back to us that they felt that their care workers had the skills and knowledge that they needed to meet their needs. One person commented, "My regular carers [care workers] are well trained and know what they are doing." Five people told us how care workers were routinely observed to ensure they were skilled and competent in their role and this made them feel assured that safe practice was followed. One person said, "Someone from the office came and watched the new ones. A [field care] supervisor I think. They have also been round to do reviews of my care." Another person said, "They [field care supervisors] come out sometimes and watch the carers [observational supervision]. I think they are well trained and able to care for my needs."

Care workers were provided with the training that they needed to meet people's needs. This included an induction before they started working in the service which consisted of the provider's mandatory training such as moving and handling, medicines and safeguarding. This was updated where required. This meant that care workers were provided with current training on how to meet people's needs in a safe and effective manner. People's care records contained information sheets to guide care workers about their diverse needs and how to effectively support them. This included best practice fact sheets for example about epilepsy, stroke and Parkinson's. In addition there were further courses designed for later in the year to provide care workers with further information about people's specific needs and how to support them. This included training in dementia, substance misuse, personality disorder and a Parkinson's accredited course.

Some care workers told us to improve their knowledge and confidence that they would like more face to face/ group training in dementia as well as end of life care and diabetes. We fed this back to the training manager who shared with us their training plan for the year which included these areas for further development in the upcoming year

The training manager explained how care workers were encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain their care certificate. This is a nationally recognised induction programme for new staff in the health and social care industry. These measures showed that training systems reflected best practice and supported staff with their continued learning and development.

A new member of staff described how part of their induction had been shadowing more experienced colleagues. They said this, "Had been really useful as this is my first job in care. It gave me the opportunity to put into practice whilst supervised by my mentor [an experienced care worker] what I learnt from my induction and training." Care workers told us that the training they were provided with gave them the skills they needed to meet people's needs effectively. They said that they felt supported in their role and had seen improvements made by the registered manager that included frequent one to one supervisions. One care worker said, "Supervisions were a bit hit and miss before, but now they [registered manager] have restructured the office and the teams have the seniors and team leaders in place I have had regular supervisions. Mind you I don't just wait for my supervision if I need help with anything I just contact [field care supervisor] and they are pretty good at getting back to you." Staff we spoke with and records showed

that inconsistencies around the frequency of supervisions had been addressed. The registered manager had established systems providing care workers and office staff with regular supervisions and an annual appraisal of their work performance.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us they were asked for their consent before care workers supported them with their care needs for example to mobilise, with personal care or assisting them with their medicines. One person said, "They [care workers] always check and ask me what I need first." Another person told us, "They only do what I ask them to do." We observed this practice during the home visits, for example, when assisting people to mobilise, or when a choice had to be made care workers listened and acted on people's decisions. Care workers and the management team had a good understanding of the MCA and what this meant in the ways they cared for people. Records confirmed that care workers had received this training. Guidance on best interest decisions in line with the MCA was available to staff in the office.

Care records identified people's capacity to make decisions and reflected they had consented to their planned care and terms and conditions of using the service. Where people had refused care or support, this was recorded in their daily care records, including information about what action was taken as a result. One person told us how a care worker had become concerned when they had taken ill during a visit. They said, "I felt really poorly and the carer here with me phoned my [relative] and the agency and organised an ambulance to come to see me. Thankfully it was nothing serious, but the carer [care worker] stayed with me until both my [relative] and the ambulance had arrived here so that [they] could give a handover to the paramedic as to why I felt I needed the ambulance on that occasion." This showed that the care worker had recognised when the person needed support from other professionals regarding their health and wellbeing and had taken appropriate action in accordance with the person's consent.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person commented, "My carer [care worker] will usually make me one of those pots of porridge in the morning for my breakfast which I really enjoy. [They] let me know what flavours I've got, and then I choose which one I fancy. My family get me a ready meal for lunch which again the carer [care worker] will heat up for me and then while I am eating that, [they] will usually ask me what I would like for tea and then [they] will make it and leave it in the fridge for me to get out later on. I haven't much of an appetite these days but the carers [care workers] never mind making me what I fancy." Another person said, "The carers [care workers] have to make all of my meals for me as I really can't do that for myself anymore. I have plenty of choice because my family do the shopping for me once a week and the carers [care works] are very good and even if I don't fancy one of the ready meals they will occasionally make me an omelette, or some soup or even a jacket potato if that's what I fancy."

People's care records showed that, where required, they were supported to reduce the risks of them not eating or drinking enough. One person said, "I don't really like drinking very much these days, but I have to say all the carers [care workers] are very good as they do encourage me to at least have a hot drink every time [they] see me. They also leave me with a glass of water, but I have to say most of its probably still there

when they come back later on to see me." Where concerns were identified action had been taken, for example informing relatives or referrals to health professionals.

People had access to health care services and received ongoing health care support when required. One person told us, "They [care workers] do worry if I'm ill. They are straight on the phone to the doctor." Care records reflected where care workers had noted concerns about people's health, such as weight loss, or general deterioration in their health, actions were taken in accordance with people's consent. This included prompt referrals and requests for advice and guidance, sought and acted on to maintain people's health and wellbeing.

Requires Improvement

Is the service caring?

Our findings

People's experience of not always knowing which care worker/s would be visiting them and at what time, not being informed/ updated of any changes, becoming frustrated when kept waiting by the office staff when they tried to find out what was going on meant they were not being provided with a caring service at all times. "One person said, "It worries me that I don't know who is coming and when. I have to ring the office and they [office staff] are not always helpful when I do." Improvements were needed to embed continuity of care at all times within the service.

Despite this people and their relatives told us that their regular care workers were kind and caring. One person described their positive experience, "A few of the carers [care workers] that I see are very nice and will go out of their way to do anything extra that I need help with, or if I run out of things then they will make sure they bring it with them next time they come; which I really appreciate." Another person said, "Actually, I do like things to be done the way they have always been done and I know that can be a bit old fashioned, but I have to say, the carers [care workers] on the whole are very good and will usually do things how I like them." A relative said, "The carers [care workers] are diligent, supportive and kind in what they do."

We spoke with care workers about people using the service. They were knowledgeable about people's care needs and spoke about them with affection and understanding. All of the staff, including the registered manager and staff based in the office, spoke about people with consideration. We heard this when office staff spoke with people by telephone on the day of our visit.

People told us that they were involved in decisions made about their care needs and that if they wanted, care workers would also involve their relatives in important decisions. One person told us that their care workers, "Talk to me how I want to be talked to," and that care workers, "Listen to me and what I want." They went on to describe how their care workers always talked to them first before any changes were made and that they were fully involved in making decision about their care arrangements. Another person said, "[Member of care staff] was round the other day to talk to me about my care [arrangements] and if I was happy with everything. I said I was so that was that."

People's care records identified their specific needs and how they were met. Their records provided guidance to care workers on people's preferences regarding how their care was delivered. This included information about their life history, experiences, hobbies and interests and their personal preferences such as their preferred form of address and the people that were important to them. This provided care workers with information about the individual and subjects they could talk about when providing care.

People told us that the support provided by their care workers helped them to be as independent as possible. One person said, "They [care workers] encourage me to do a little bit more each time they come. I used to be so dependent on them to do everything for me. I had no confidence but am improving all the time." We saw that people's records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected.

The majority of feedback was positive and described how the care workers treated people with dignity and respect. One person said, "There are no problems with communication. The carers [care workers] are very polite and never raise their voice and we just have a normal friendly chat as you would with anyone you know." Another person told us, "I look forward to seeing the carers [care workers] every day as they are usually the only people I see from one day to the next, so the chance to have a conversation with somebody is highly valued. I've never had a problem with anybody raising their voice or using bad language at all."

People shared examples with us about how they felt that their privacy was respected. This included closing curtains and doors and using towels to cover them when supporting people with personal care to maintain their dignity. One person talking about their experience of receiving care said the care workers, "Were brilliant and put me completely at ease. I was very embarrassed at first but they were reassuring and calm; made me feel safe and absolutely respected my privacy and dignity." Another person said, "Very professional [care workers] am treated with the utmost respect." A relative commented, "The carers [care workers] always talk politely to my [relative] and never raise their voices to [them] and always make sure that they knock on the bedroom door and call out their name and then wait until [relative] says they can come in every morning."

However we were told about two instances that were not positive experiences for people. One person said, "Sometimes because they [care workers] are in a rush, I do have to remind them about closing the curtains for me as by the time they get to me in the evening it is usually quite dark and I don't want to be getting ready for bed whilst the curtains are open." A relative commented, "I'm afraid I did have to have words with my [relative's care worker] the other morning as they had left [them] lying in bed with no sheets or pyjamas on whilst they fetched a bowl and towel to given [them] a wash. It wouldn't have taken two seconds just to put [their] top sheet over [them] to protect [their] privacy and I was really quite cross with them because of it." We spoke with the registered manager about the inconsistencies reported and they advised us they would take immediate action. Following the office visit the registered manager confirmed that reminders on best practice were being communicated to all staff through upcoming team meetings, supervisions and in general briefings. These improvements need to be embedded to address the inconsistencies found.

Requires Improvement

Is the service responsive?

Our findings

Improvements were needed to ensure people's complaints were acted on, valued and used to improve the service. There was mixed feedback about the complaints procedure. Not everyone was aware of how to raise their concerns if they were unhappy with the service received. One person said, "I am not sure what I would do. I guess I would speak to my [relative] and they would deal with it." Another person said, "Not had much joy when I have rung the office, communication is a big problem. They [office staff/management] don't seem to return your calls. There has been so many staff changes I wouldn't know now who to ask for." However one person told us they felt comfortable to voice any issues and had done so. They said, "I am very comfortable about making a complaint. I don't believe it's fair to just sit at home and moan about a service that isn't providing what you need, if you're not prepared to put your head above the parapet and be counted about it." Another person commented, "I believe I have seen a picture in the folder which explains all that you need to know about making a complaint." A relative told us, "I'm sure there is a leaflet in my [relative's] folder that sits with all the records in the front room."

We found inconsistences in people's experiences of voicing their concerns. One person said, "I've made numerous complaints over the telephone and have even resorted to a written complaint but I have to say because people change so quickly at the agency, I've never had a proper response in relation to any of my concerns that I've raised." Another person said, "I could probably write a book about the issues that I have tried to take up with the agency but each time you do, you get told of all the problems that they have and not necessarily get told anything about what plans they have to put in place to overcome the problem once and for all." However several people described instances where their issues quickly and they were satisfied with the outcome. One person said, "The new manager [registered manager] is on the ball and slowly turning things around. I ask to speak to [them] if there is anything wrong and they sort it all out." Another person said, "I asked for a change in a carer [care worker] we didn't get on. I wasn't really happy with the care I got. I was worried it would be a problem but the [member of staff] said they would fix it and they did. Not had the person back. I didn't have to resort to making a formal complaint it was all dealt with."

The registered manager provided assurances that the inconsistencies we had found with people voicing their concerns would be addressed. They acknowledged that the staffing changes including at management level had impacted on aspects of the service and they and the provider's nominated individual were committed to making improvements within the service. This included improving their communication processes. They had identified that historically complaints had not always been dealt with appropriately and they had made changes to the complaints process which included them being made aware when concerns were escalated. In addition they were reviewing their feedback systems to capture informal comments and suggestions. These would then be used to monitored and used improve the service and avoid further reoccurrence.

Records showed that since the registered manager started in June 2016 changes they had implemented to the formal complaints process were driving improvement. Concerns received about the service had been dealt with in line with the provider's complaints processes, with actions taken to avoid further reoccurrence and to develop the service. This included additional communications, providing staff with additional

training or taking disciplinary action where required. This practice needs to be fully embedded within the service to ensure people's feedback is valued and acted on.

People told us that when they had their regular care worker/s they were satisfied with the care provided which was responsive to their needs. One person said, "Most of the time it isn't a problem as I see my regular carers [care workers] and they know that I like to have things done in a certain way. At least twice every week, when it's somebody that I haven't seen for a while or it's a new carer who was only shadowing before, it can be more of a struggle because I end up having to explain everything from the moment they come through the door to when they leave. I know it should be in the care plan, but they [care workers] realistically don't have time to read that word for word, and even then it's not the most straight forward document to understand, but equally if English isn't your first language." Another person commented, "When I see my regular carers [care workers] I don't have any problems, because they are used to me and know what I like and don't like and also how I like things done. But in some weeks I can see carers [care workers] who I haven't seen in months, and then it can be really difficult because I have to explain to them everything that needs doing and if you happen to have three out of the four visits a day with someone that you haven't seen for a long time it can be really tiring to explain over and over again."

The registered manager was aware of the issues concerning continuity of care and explained the improvement actions that had been made and were ongoing to address this. This included active recruitment to increase the number of care workers, implementing an electronic system to monitor visits and escalate to the office/ on call staff when there was a late or missed visit so swift action could be taken. The next phase of implementation had just commenced and involved electronically allocating regular care workers to visits and routes which would become fixed. This was called 'templating' and would reduce the number of unallocated visits on people's rotas and improve the consistency of care. At the time of our inspection 'templating' had just been launched so we were unable to assess its overall impact. These improvement measures need to be fully embedded to ensure people receive a quality service that is responsive to their needs.

We were aware of concerns previously raised about the quality of people's care records. That they contained limited information on how to care for people and some were missing risk assessments. The registered manager had brought about improvements which were ongoing to people's records. They explained how a new format was being implemented to provide information to guide staff in the care and support people required. This was confirmed by a member of care staff who said, "The care plans have had a big overhaul; much more detailed. They are more reflective of people's needs and clearer what we [care workers] need to do." They added how the use of their hand held devices [used to log in and out of visits] was useful in alerting them and their colleagues to changes in people's situations. They said, "Sometimes I get a message to say that a visit has been cancelled because the person may have gone into hospital or that I need to follow something up from a previous visit; check if they [person] have eaten anything as they might not have been feeling very well earlier. I think this will help us to be on top of things more. It has been useful for giving me a heads up what to expect when I haven't been to the call [undertaken the visit] before, especially if I am covering for another [care worker]. This gives me a heads up before I walk in the door."

People's care plans contained information which guided staff in the care and support they required and preferred to meet their needs. These included people's diverse needs, such as how they communicated and mobilised. People's specific routines and preferences were identified in the records so care workers were aware of how to support them. For example, one person's care records explained the order that they preferred to be mobilised and details of the equipment required to safely transfer the person. One person told us, "I have a folder [care plan] which they [care workers] write things in about my care. Sometimes my [relative] will have a look at it and make some comments maybe leave a message for my [care workers]. I

think it is all in order."

The service was working closely with the local authority to establish personalised, outcome based care and support plans for people. This was being implemented through people's reviews of their care. The field care supervisors were responsible for carrying out the reviews using the new enabling approach and had recently received their training. The registered manager had taken action to support this roll out and had implemented team leaders within the staffing structure. They would provide support to the field care supervisors by taking on some of the senior duties to free them up to undertake the reviews. These measures were a recent introduction so we were unable at the time of our inspection to assess the impact of this.

Feedback from a social care professional commented positively on the ongoing improvements stating, "I have been very impressed by their [management and senior staff team] commitment to this work. It is clear that they understand the concept, and have approached the changes very positively. They have offered staff for training and one-to-one coaching. They have developed additional paperwork under their own initiative, which embraces the model that has been presented. They appear to have recruited additional resource at a middle-management level which has given them the capacity to develop their service."

Requires Improvement

Is the service well-led?

Our findings

Since the service was registered in 15 November 2015, there had been a number of managerial changes at both provider and service level. Historically this had impacted on the quality of service provision, an increase in reported safeguarding concerns and contributed towards ineffective governance and oversight arrangements. The current leadership team comprising of the registered manager and provider's nominated individual were a visible presence within the service and were proactive and positive when errors or improvements were identified. They were able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved. Although they acknowledged further improvements were still needed, to ensure that new systems, processes and expectations of responsibilities were embedded, we found that this to be a positive change within the culture of the service.

During 2016 there had been a significant number of safeguarding issues and information of concern reported by various stakeholders including members of the public. This included medicines errors, recording shortfalls, missed and late visits, care workers not wearing their uniform, staying the allocated time and having the appropriate equipment. Ineffective oversight and governance arrangements, not responding appropriately to people's concerns and poor quality of care provided.

The provider submitted an action plan to us about the measures they were taking to address our concerns. We met with the provider's nominated individual, the registered manager and other management representatives from Clece Care Limited on 15 April 2016 and 1 September 2016 to discuss their action plan. We found that some progress had been made for example the number of missed/late visits had reduced but further improvements were needed to ensure people received continuity of care. The provider's nominated individual advised us they implementing a system to address this. This included active recruitment and improvements to staff induction, training and supervision. Management checks had been undertaken; confirming care workers wore their uniforms and were suitably equipped. The number of missed/late visits had reduced but further improvements were needed to ensure people received continuity of care. In the September meeting the provider's nominated individual advised us they were implementing a technical monitoring system to reduce the risk of missed visits and enhance the safety for lone workers. This involved care staff using a hand held mobile device to log in and out of each visit which was monitored by a coordinator in the office.

During this inspection we found that despite ongoing improvements to ensure there were enough care workers to meet people's needs, people did not consistently have a regular carer/care team in place and did not always know in advance who would be coming to provide them with care. People and their relatives described inconsistencies in the quality of care from the care workers who were new to them and not familiar with their needs. Further improvements were needed to provide people with continuity of care.

Communication processes were not robust. Improvements were needed to ensure people were aware and understood significant changes to their care arrangements, such as their agreed visit times which now included half an hour either side and who their allocated care worker/s were. Several people did not know this information and were not aware who the registered manager was. One person said, "If you knew who

the manager was in the first place, it would help. In my experience whenever I have phoned up to speak to a manager, it's always been somebody new who I've never heard of and has certainly never been introduced to me either in person or by way of sending us a letter to explain the changes that were happening." The registered manager advised that information had been sent regarding the changes to visit times and introducing them when they came into post. However in response to our feedback they advised they would review their communication processes and take action to address the inconsistencies.

Despite the ongoing improvements the leadership team were making there was mixed feedback about if the service was well led. Some people were positive about the changes the current leadership team had brought in. One person said, "Things do seem to be settling now. I have a regular team of carers [care workers] that come. Before it was haphazard with so many different faces who didn't seem to last very long. The managers came and went and it was chaotic. Very disorganised when you rung the office; no one taking responsibility and ever returning your calls. Now if I ring the office things are dealt with then and there." Another person said, "The current manager is good. I have met with them to discuss issues I had with the service where I was disappointed with the care and handling by the office. They have made changes that seem to be working."

However one person describing their negative experience said, "Whenever I speak to anyone in the office to try and get a problem sorted out, they are always very quick to say sorry and give me 15 reasons why they are struggling at the present time, but there is no clear idea or plan about how they are going to make things better. Added to this, is the fact that anybody who appears to be in charge for more than a few weeks, will usually disappear and you end up having to repeat your problem to somebody new all the time without anything ever being resolved. Therefore I won't be recommending the agency to anybody I'm afraid." Another person said, "I would like to say I'd speak to a manager if I had concerns about my safety but I know from conversations I've had in the past that I will just get an apology and then be told all the problems they are having without really getting round to what they are going to do to solve them." A relative commented, "I do worry about my [relative's] long term safety while [they] are cared for by this agency because although I can address the little things when I am here with the individual carers, the bigger issues, like the timing of visits and some of the tasks that they [care workers] just don't complete every day can only be sorted by a manager, and trying to find a manager will sort it has proven impossible so far."

There were systems in place to regularly assess and monitor the quality of service provided. The registered manager conducted a number of checks on the service to identify areas that needed improvement and took action to rectify any failings. This included seeking support from other professionals when required. For example, the service was working with the local authority on developing their care plan review process to be more outcomes focused for people.

The leadership team were committed to implementing their service development plan. This included a number of measures to improve the overall quality and stability of the service. For example the recording and auditing within safe management of medicines and people's care records and the technical coordination of people's visits. At the time of our inspection not all of these measures were in place for us to assess their impact. Further improvements were needed to ensure robust quality monitoring was embedded in place to drive the service forward.

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The service had an open and supportive culture. The leadership team, office staff and care workers were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Care workers said they felt that people were involved in the service and that their opinion counted. They said the service was well-led and that the registered manager was approachable and listened to them.

Meeting minutes showed that employee feedback was encouraged, acted on and used to improve the

service. For example, care workers contributed their views about issues affecting people's daily lives. This included how they supported people with personal care and how to support them to be more independent. Care workers told us they felt comfortable voicing their opinions with one another to ensure best practice was followed.

The service worked in partnership with various organisations, including the local authority, community nurses and, GP surgeries to ensure they were following correct practice and providing a high quality service. One social care professional commented on the improvements they had seen, "Initially, there was major concern over Clece as a provider as there were consistent issues with quality and continuity of care. As an organisation it was difficult to communicate with Clece as often we were unable to reach office staff. We also had evidence that care plans were found not to meet the needs of customers. Over time, improvements were made but communication continued as an issue which included difficulties getting in touch with office staff. Clece did work with practitioners to improve their service with their customers and make their support more person centred. This is something they continue to do." They added, "The branch manager [registered manager] has helped streamline the service in the branch and has improved on the service since [they] took [the] post there last year."