Somerset Care Limited

Somerset Care Community (Sedgemoor)

Inspection report

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Ratings

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

Overall summary

The inspection was announced and visits to the service took place on 18, 19, 20 and 21 May. We made telephone calls to people using the service from 28 May 2015 to ask them their views of the care they received.

Somerset Care Community (Sedgemoor) is a domiciliary care agency providing personal care and support to people living in their own homes and in sheltered accommodation. At the time of the inspection they were providing a service to approximately 700 people. The majority of people received personal care. Some also received a shopping or domestic cleaning service. These activities are not regulated by us and did not form part of the inspection.

This was the first inspection of the service following the merging of the two locations of Somerset Care (West Somerset) and Somerset Care (Sedgemoor) in April 2015.

Summary of findings

All administration and records are now kept at the Bridgwater office. The service is managed from this office and key staff visit Minehead each week. The office in Minehead provides a base for staff, supervisors and managers to meet.

We inspected the services in September and December 2014 and found that there were missed and late calls. We had received concerns from people receiving care and their relatives about the shortage of staff which had impacted on all aspects of the service. We required that the provider took action. During this inspection we found that sufficient improvements had not been made.

The provider aimed to improve the planning of calls to people and to reduce the duplication of administration and management systems by bringing the two services together.

The systems in place to manage this large service were still developing. At the time of the inspection the registered manager was supported by the area manager. We found there had been improvements to the service and the action plan had been addressed. Additional care and supervisory staff had been recruited and the planning team had been re-structured. However aspects of the service needed further improvement.

Six geographical areas had been designated for the purposes of organising the delivery of care. Planning staff arrange people's care visits and allocated care staff. A team of supervisors monitored delivery of care and supported staff.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had a clear vision for the service. There was a commitment to provide high quality care tailored to people's individual wishes. These values were communicated to staff through staff meetings, training and supervision.

People felt the service provided was safe however staff shortages continued to impact on people and potentially put them at risk. We were told about occasions when people had not received care as planned. The agency had recruited substantial numbers of people and continued to recruit new staff to maintain staff numbers and meet peoples changing needs. Staff had also left the service so there continued to be vacancies. People felt there were insufficient staff to provide a consistent service that fully met their needs. When we looked into complaints and concerns about the service they were caused by shortage of staff or visit planning issues.

People's experience of the service varied. People told us how their planned care met their needs. Whilst the majority of people we spoke with were satisfied with the actual care they received there were a significant number who had not been satisfied with the overall service because of staff shortages and changes. There were very few negative comments about the care staff or the care provided.

People talked to us about problems around the times of visits and the number of care staff who visited them. They wanted to know who was coming to support them. Some people told us they had some regular staff visiting them most of the time and were very satisfied. Others said they had "no idea" who would be visiting them and did not feel the service met their needs in the way they wished. A substantial number of people we spoke with said the timing of visits could be improved. They said staff did not arrive when expected.

The service was working to improve the continuity of staffing and had implemented measures to improve the planning of staff visits and to reduce missed visits

There were risk assessments and plans in place which meant care was planned in a manner that kept people as safe as possible whilst promoting their independence and choices.

There were systems in place to monitor the quality of care and plan on-going improvements. People were contacted through telephone calls and visits to monitor their satisfaction with the care they received.

People received care following the assessment of their needs and had their carevaried if their health or social circumstances varied. People received effective care and support from staff who had the skills and knowledge to meet their needs. Care staff were supported through the delivery of training, observations and supervision meetings.

Summary of findings

People found staff to be kind and caring towards them. There were many positive comments about staff. People valued the support of regular staff. Staff showed they understood the importance of their role in supporting people and maintaining people's independence and dignity.

People were able to make complaints or raise issues about any aspect of their service. People were encouraged to express their views and be involved in the planning of their care. Customer services staff were dedicated to sort out any problems and resolve concerns. However comments from people indicated some issues recurred or were not satisfactorily resolved.

The manager of the service led a team of staff who were clear about the standard of service they wanted to deliver however this had not yet been achieved. There were plans in place to further develop aspects of the service in the way people had requested.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe

Staff shortages continued to impact on people and potentially put them at risk.

The service had systems in place to keep people safe. People were assessed to establish the amount of care and support they needed.

People received care from staff that understood how to keep them safe.

People received their medicines from staff who had been trained and assessed as competent to assist them.

Is the service effective?

Good

The service was effective

People received effective care and support from staff who had the skills and knowledge to meet their needs.

People received appropriate support with their nutritional needs when this was identified.

Staff monitored people's health and contacted other health professionals when appropriate.

Is the service caring?

Good

The service was caring

People said they were supported by caring staff. They were treated with kindness during their routine care and support visits.

People told us their privacy and dignity was respected by staff.

Is the service responsive?

Requires improvement

The service was not always responsive.

A significant number of people said the timings of their visits were not appropriate and did not meet their needs. The service provided did not reflect their personal preferences.

People told us their planned care needs were usually met. There were very few negative comments about the care staff or the care provided.

People were able to make a complaint and there were systems in place to address their concerns.

Summary of findings

Is the service well-led?

The service was well led however plans to improve the service had not yet been fully implemented.

The service was led by a manager who had clear vision of the service they wanted to deliver.

There were systems in place to monitor and check the standard of service being delivered. These were not always effective in improving the service.

Requires improvement

Somerset Care Community (Sedgemoor)

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 commenced on 18 May 2015 and was announced. We visited the service office on 18, 20 and 21 May 2015. We visited the staff base at Minehead on 19 May 2015. We made telephone calls to people using the service from 28 May 2015 to ask them their views of the care they received.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to arrange to meet the manager and staff and visit people in their own homes.

The inspection team comprised three adult social care inspectors and two experts by- experience. An expert by experience is a person who has personal experience of using or caring for someone who use this type of service.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) and other enquiries from and about the provider. Before the inspection the provider completed a Provider Information Return (PIR.) This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 67 people who used the service and 10 relatives. We visited 15 people in their own homes. We looked at 22 care plans and 18 people's care rotas.

We spoke with the operations manager, registered manager and 30 staff. Staff interviewed included care staff, community customer supervisors, community staff supervisors, planners and the recruitment administrator. We reviewed 10 staff recruitment and supervision records.

Requires improvement

Is the service safe?

Our findings

People felt the service provided by care staff was safe however staff shortages continued to impact on them and potentially put them at risk.

There had been concerns from relatives when a call to their family member was very late or had been missed. People told us of occasions when they had not received a planned visit because care staff had not been available. One person told us they had received a phone call to ask them if they could manage without a call. They told us "I try and be helpful but it is hard without help." A relative told us their family member was diabetic and had not received a lunch visit. They said "It is a worry. They need their meals on time." Another relative told us their family member had tried to get themselves a meal and had fallen.

At the last inspection there were difficulties in meeting the needs of all the people because there was an acute shortage of staff. Staff had been recruited to care staff and supervisor roles and the situation had improved. There were still some vacancies in the service for care staff, customer supervisors, staff supervisors and planners. The manager said these vacancies were "manageable". However staff had also left the organisation and it was evident that some concerns raised were a result of a shortage of staff available to deploy.

At the last inspection we were concerned about the number of missed calls when a person had been expecting a carer who had not arrived. Missed calls were recorded and monitored by the provider. At this inspection we were able to see how the numbers had reduced through the year. In April 2015 for example there were 20 missed calls in West Somerset (0.08% of calls.) In April 2015 in Sedgemoor 17 calls were missed. (0.16% of calls.) The service also recorded when they were unable to supply care staff. In May they had been unable to supply 13 visits in Sedgemoor and 3 in West Somerset. We spoke with a customer services supervisor who said "Things have improved. Are still improving. There are less missed calls. There are still some problems in some areas."

Whilst the number of missed visits had reduced substantially from the last inspection it was clear from the file that whenever a visit was missed it was a serious concern to the person expecting a call. Relatives found it of great concern if they felt they were not able to rely on the service. We heard from two relatives who had gone to another provider because the agency could not get regular carers to their family member at the right time.

We also talked with people during the inspection who had a missed call and saw missed visits recorded in the daily records of people we visited.

'The problem is that until my carer has arrived I'm stuck waiting. They are sometimes late. I like continuity of a familiar face. Some are regular but too many are new faces. There are too many replacements and new faces. I call them to see who is calling and the time they will arrive. They are polite but just say "oh we have not allocated anyone yet", and this is an hour beforehand."

"They call at all times in the morning. When I have rung them it gets a bit better but then it still gets hit and miss again. Not really reliable. They will say they cannot find someone, and then someone is at the door."

"They came last Sunday but one should have been at 7 am but came at 11 am and then the lunchtime call then came on time shortly after this. We don't get rotas' any more. It should be 3 calls a day with six hours between. The next day I did not get any call in the morning but the lunchtime and evening calls turned up. I phoned them on the Sunday but was told they had five people who were sick. I had to phone them. I had to phone again on the Monday. They had not allocated a carer that time."

People were relying on staff to get them up, assist them with meals and medication. When staff shortages resulted in late visits or a missed visit they did not receive the support they needed.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014[HB1] **.**

We saw evidence in recruitment files that new staff were due to commence in the near future. It was evident the service was taking the staffing situation very seriously and had tried new ways of recruiting staff to increase numbers.

The manager told us staff recruitment in the Sedgemoor area had been very successful. They had introduced new systems to support and retain staff. The recruitment of additional staff supervisors meant staff had been

Requires improvement

Is the service safe?

supported more effectively. In West Somerset recruitment was still "a struggle." The local authority had changed the care commissioning arrangements and this had enabled care teams to focus on people already receiving a service.

People told us when they received the service they felt safe with the care staff who attended them. People said there had been no events that had caused them concern or made them feel unsafe. Some people we contacted lived alone; others lived with family or in sheltered housing complexes. People were happy with the carers in the house and "couldn't do without them"

One person told us "I generally feel safe and at ease with the care staff, but I prefer to know them." Another person told us "I feel safe with all the carers. There are no worries in that department."

People were assessed to establish the amount of care and support they needed. Staff reported concerns to the office and arrangements were made to re-assess people and amend their care arrangements when needed.

Risk assessments in people's care plans informed staff of possible hazards in the environment and the risks people may be exposed to as a result of their health or social conditions. When care staff received their rotas additional information was attached. This "flagged up" any particular or new risks. For example one note said "Do not cancel any of this lady's calls. Very vulnerable." Another reminded staff to ensure doors were locked when leaving in the evening.

People's vulnerability was recorded through the "risk banding" recorded in care plans and on the computer. This recorded how vital the care visit and support was to the person. For example Band A says "needs every call." When we spoke to staff about a person in band A they confirmed this person was very vulnerable and they ensured their calls were made on time. We heard when staff were late or there was an error in the planning of care the service took action to provide assistance.

The service sent regular notifications to us regarding safeguarding concerns and accidents. They took appropriate actions including referring people to social services and investigating complaints internally. The manager and senior staff had received training and were experienced in safeguarding adults. They had made safeguarding alerts when necessary and were familiar with the documentation and processes involved in working with other agencies to keep people safe. People were given information about how to raise concerns and how to keep safe when they first began receiving care.

Staff had received training in recognising and reporting abuse and talked with us about the action they would take if any abuse was suspected. Safeguarding training formed part of staff induction and was then up-dated each year. Staff training and knowledge helped to minimise the risk of abuse to people.

Staff told us about the ways they kept people safe. They understood their role in maintaining a safe environment for people and the importance of being alert to any possible risks. They talked to us about the importance of safe manual handling and of being well trained in this area to prevent harm to the person receiving care and themselves. There were risk assessments in people's care files. Some files identified when someone lived alone and the possible risks identified with isolation. Staff checked that people had access to their personal alarms and secured peoples' homes before they completed their visits. One person's comment was typical of many we heard. "They make sure I am all right and don't need anything before they go and they lock the door after them so I am safe."

People said they would be able to say if they felt unsafe or were mistreated. One person said they had found one carer "less pleasant". They said "I rang and said, I never saw that worker again." People consistently said the staff took the time to do their care properly, safely and with dignity and they did not recall falls or injuries caused by staff."

Most people usually received support visits in line with their needs and wishes. However when problems arose we were told by people who used the service and by staff they were often caused by insufficient staffing. One person told us care was satisfactory and they were safe enough but at weekends were told the service "could not get staff."

The service operated a safe and robust recruitment system which minimised the risks of abuse to people. We looked at three staff files and saw checks had been completed before staff began working with people.

People were supported to take medicines by staff who had received appropriate training and completed a competence assessment. Training records showed when staff had completed training and when an up-date was

Requires improvement

Is the service safe?

due. Medicine administration records (MAR) were completed and these were audited when they were returned to the office and during spot checks by a senior member of the care team.

People received the help they wanted with medicines according to their needs. Some people told us they were able to manage their own medicines. Others were pleased to have either prompts to take medicines or help with administering them. No one reported any mistakes however, one service user highlighted poor timekeeping could impact on their ability to receive medication at the right time. The service had a procedure in place to deal with any medication errors. We saw an example of a medication error that had occurred. We saw the procedure had been followed and appropriate action had been taken to keep the person using the service safe. The member of staff had been supported with additional training and supervision before being re-assessed as competent to continue assisting with medicines.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People said they felt the staff who visited them knew how to care for them. People described good, effective care practice. Most positive comments related to regular staff.

Staff were knowledgeable about people and the care they required. Staff knew most people they supported and understood what aspects of the support they received was particularly important to them. One member of staff told us how they encouraged a person with dementia to eat their food and settle for the night. Another member of staff talked about one person's need to remain independent and care for their pets. We looked at the same people's care plans and found these reflected what we had been told by staff.

A small number of people said not all care staff would know how to care for them as they had not met them before. They told us they instructed staff themselves and then received the care they required. They said care plans were available.

Staff told us they had been well prepared to do their job when joining the service. The induction programme was spread across three weeks and consisted of a taught programme and shadow shifts. Staff told us their recruitment process had been thorough and their induction had prepared them well for work at the agency. One new member of staff said "The induction was very good. Extremely thorough. The trainers were excellent. Shadowing was extremely helpful. I couldn't have gone out with better people. In the end I did feel confident although I could have had more shadow shifts if I had wanted them."

People told us most staff had sufficient training and understanding of their needs. They said it was less so for relief workers and new workers but these had "enough to get by on." The service usually sent new workers accompanied by experienced ones "to show them the ropes." There were few negative comments however , one person felt not all staff had sufficient understanding. Another said the training was "maybe not always long enough."

People benefitted from staff who received adequate training to carry out their roles. There was a comprehensive training plan in place. Staff were positive about the training they received. An experienced member of staff said "The training has been pretty good. I have just done safeguarding and meds up-date. Manual handling gets done promptly." Training was available by a variety of methods including distance learning and in-house. Small groups of staff were trained to assist people with particular equipment. There were problems occasionally if no specifically trained staff were available. A member of staff said "Then they have to sort it out pretty quick. They get a senior to go out."

A computer system monitored the training needed and when it was due. This ensured staff had the up to date skills and knowledge they required to effectively support people. We met with a community staff supervisor who told us about their role in supporting staff. They did reviews for new staff at four, six and 22 weeks and were involved in the induction process. They did manual handling and other training. Staff were asked to write a reflective account of training they attended to monitor their understanding and satisfaction with the training. Staff attended combined training and team meetings every three months.

Staff were trained to understand the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time. When people are assessed as not having capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals where relevant. Staff told us if people were not able to make decisions for themselves they spoke with relatives and appropriate professionals to make sure people received care that met their needs and was deemed to be in their best interests.

We talked with relatives who helped to plan some people's care with them. We heard staff checking with people as they delivered care to ensure they were happy with everything that was happening that morning.

People confirmed they were able to make decisions about the actual care or treatment they received. Each person gave their written consent to receive care when they began to use the service. People told us they were involved in decisions about the support they received. Some people

Good

Is the service effective?

wanted either male or female carers and this was noted in their care plans and on the computer systems. One person said "They ask us what we want all the time. It is just the timing they can't get right."

Care staff were aware of the importance of monitoring people's health and taking action if there were any concerns. Appropriate action was noted in the daily records including which health professional to contact for further support or treatment. Daily records indicated when relatives or the doctor had been contacted if someone was unwell. Some people received regular visits from community nurses who met their health needs. People felt the care workers would notice and take action to make sure they received appropriate support if they were unwell. One family carer told us how the care workers had raised a concern about the health of their family member which resulted in his problem being identified and him being admitted to hospital for treatment.

Staff supported people to eat and drink according to their care plan. People were happy with this aspect of their care.

When we had concerns expressed about the service some had been about the way the timing of visits and poor punctuality had impacted on people either by interrupting mealtimes or, delaying when food and drink are available.

Care plans and daily records showed care staff were aware of the importance of monitoring food eaten by people with dementia or those at risk of losing weight. In some care plans there were very detailed instructions of how to encourage someone to eat for example small portions or how the meal should be served. We observed care staff preparing lunch for people. They asked people what they would like if the food was not left out by the person. Staff told people what they had in their fridge/cupboards so that they could make a choice. People had fresh food prepared for them, meals heated in microwaves, or had sandwiches made up. Staff offered to make people hot drinks and ensured that people had drinks within easy reach before they left.

Good

Is the service caring?

Our findings

People said they were supported by caring staff. They told us they were treated with kindness during their routine care and support visits. Almost all comments received about the carers were positive. People were complimentary about individual care staff. Comments included "I can only say how I have been treated. I know they have their problems. In general the way they treat me is good. I have mostly regulars. One chap each morning. They call for an hour to help me get my meal and to have a shower and help with some personal care. At tea time they do similar stuff." "I can just tell you its fine and I'm quite happy with them. They call once each morning and once at night and it's all worked fine for me."

One person said "They are polite and friendly but professional. They respect the house as well. I feel safe and relaxed with them and I appreciate them as well." Another person told us "Staff are ever so good to me"

A family member said "It's very good. I could not cope without them. They call twice a day morning and evening." Another relative said "Overall it's about three quarters Ok. The carers are lovely. All but an odd one, and, I let them know if I do not want one and the agency respect that."

During the inspection we visited people in their own homes and observed good interactions between them and the care staff. Staff appeared to be friendly and caring. They asked people what assistance they wanted. The staff we met knew people and were able to talk with them about their families. One person we visited said they were happy with the service. They said staff were polite and they always felt safe. We saw one member of staff who double checked the person did not want them to do anything else.

People valued their relationships with regular staff. One person we visited had "Mostly the same carers." They named their regular care staff and said "Carers go that extra mile – will help if they are able to. I am able to maintain my independence – this is very important to me. They encourage me to be independent. I find Somerset Care OK. I knows they have had their problems but not for me. I don't want a lot of different people. I trust the carers I have got and feel safe and secure with the team. I have a set routine – my carer understands and just gets on with it."

Another person said "Staff are very good. I feel safe. All are very pleasant and will chat. Yes, I am happy with the service provided by Somerset Care."

People gave us examples of how staff maintained their dignity and respect. Staff shut doors and shower curtains, assisted sensitively with personal care and checked with people they felt comfortable. Staff asked people what they would like assistance with and found out how they liked their personal care delivered.

At one home we visited the person was supported by two staff. The staff explained what they were doing throughout the visit especially when they assisted the person using a mechanical hoist. The person was comfortable with the carers, laughing and joking together. Staff ensured the person's privacy and dignity was maintained throughout the visit. In another home the person said "The first call is at half seven. They help me get up washed and dressed. It's all done with dignity and safely. No bumps or scrapes. I can have a laugh with them. Staff are very pleasant."

People felt care staff encouraged them to make decisions and respected them when they did. They said staff explained things to them appropriately.

People said they were listened to by the staff. One commented this was particularly true of their regular carer. They stressed the value of having the same person because "you could have a better person to person relationship". Another respondent told us they would prefer regular care workers said "They don't really know me but they do listen to me."

Requires improvement

Is the service responsive?

Our findings

How well people felt the service was responsive to their wishes and changing need varied greatly. Some people gave positive answers including one person who commented "they have been excellent. They have made a huge difference to me." Others gave responses which were positive in some respects but highlighted problems or dissatisfaction. People talked to us about problems around the times of visits and the number of care staff who visited them. They felt the office staff were often insensitive to the impact of changed times and did not understand how important it was to people to know who was coming to care for them. They felt there were insufficient staff to provide a consistent service that fully met their needs. Specific comments included:

'Well, when it started it was quite good but not so since last year. We've been with them for over 2 years. It's now organised chaos. We only want women carers and they still send men. They don't even know what time staff will call when we are having to chase them up. Then the staff suddenly arrive early. The office staff say one thing and do another.

People received a range of services. Some people received a weekly visit to ensure they were able to bath or shower, other people received up to four visits a day from two care staff. People always received an initial assessment visit to determine their care needs and preferences and what service they required.

The Independent Living Team assessed clients and provided care for people who had just come out of hospital or commenced receiving care. As part of a multi-disciplinary team they worked with physiotherapists, social workers and occupational therapists to ensure people were safe at home. Some people required care for a short period before regaining their health. Others required long term care which was provided by the core (main) care staff

Some people received a "care package" that comprised of care visits, shopping or domestic support and a longer "sitting service" visit. People told us their care could be varied to accommodate weekly appointments and occasional trips out. We looked at the care records and visit rotas for 18 randomly selected people and saw the care plans and the rotas reflected the needs of the person.

People told us how their planned care met their needs. Whilst the majority of people we spoke with were satisfied with the actual care they received there were a significant number who had not been satisfied with the overall service. There were very few negative comments about the care staff or the care provided.

"The service when you get it is great, but, when or if you get care is not good. My call is time critical and it has been a nightmare at the specific times, if I get a call at all. "

One person we visited was very upset about the lateness of the call. They told us they had been expecting a call between 9 and 10am. It was 11:30 when we arrived. They told us it was too late for them to have their shower. They said it had also been too late the day before.

We asked people about the length of time the carers stayed and with a few exceptions received mostly positive responses with care staff staying the planned time. One person we visited told us care staff did not stay the full length of time. When we checked the progress records entries confirmed many visits were less than 30 minutes.

There were positive and negative comments about the number of different carers visiting people. Some people praised their regular care staff but many commented on the large number of staff who visited them. One person said "In the beginning very good - but lately I don't know who is coming. For morning calls I have the same two carers but other calls up in the air. Regular staff would be better – sometimes I get two carers who haven't been here before so have to tell them what to do and were everything is". "I have different carers on different days – I don't mind meeting different people but they come and go so quickly don't have a chance for a chat or to get to know them". We looked at the printed records of visits to people. These confirmed variations in the times of people's visits and that some people had large numbers of care staff visiting them. Large numbers of different care staff increased the risk of people receiving inconsistent care and support to meet their needs.

People told us they often did not know who was coming to care for them. People received a quarterly rota which they said was out of date "almost before it arrives." One person said "It never bears any resemblance at all to what happens." People did not receive a weekly rota unless they requested it and it could be emailed to them. Planners told us they worked hard to provide regular carers to people.

Requires improvement

Is the service responsive?

They told us there were many reasons why there were differences between the initial planned rota and the actual visits to people. These included staff being sick, holidays or needing time off at short notice.

Care plans in the service office were comprehensive and had been up-dated to reflect people's changing needs. A section called "This is me" recorded their individual wishes and preferences. The new style of care plan was being "rolled out" across the service so eventually everyone would have been reviewed and have a new plan in place.

We visited people in their homes and looked at the care plans and records in place. These care plans should tell staff the care to be provided to the person and should be a current and comprehensive record of the service required.

Care records were not always up to date or reflective of the care people received. One support plan dated March 2014 stated the person received 3 visits a day. The number of visits had been reduced and the care plan had not been reviewed. Another care plan dated 25 November 2011 had not been reviewed since 4 May 2012. We visited one person who had been having three visits each day since they came out of hospital. Their care plan indicated they received one visit per day although progress reports showed they had been receiving visits 3 times per day.

Another person we visited had a care plan that detailed morning and tea visits. They now had only one visit per day. The plan said they had domestic visits twice a week which were no longer happening. This meant the care plans could not always be relied on by staff to give clear instructions or to reflect the care the person was receiving.

Some people had received new and comprehensive care plans which had been up-dated as their care needs changed. We saw care plans, risk assessments and manual handling instructions had been reviewed. Some people said staff spent time going through the new plan and said if there were any problems they "would be ironed out." Another person said the new plan was not discussed, staff "just came in and left the new one."

Staff told us they did not always look at the care plans but relied on the daily records written by care staff. Daily records were written up at each visit. We were able to see who had visited people and when they had arrived. One report book confirmed a missed visit and the variation in visit times from 7.00am – 11.30 for a wash and hair wash.

One person said "There is a care plan but I don't think many of them read it." Another person said "There is a care plan but it is about four years out of date."

People said most staff were reliable and did not want to let them down however it was not possible to keep people informed of last minute changes due to staff sickness. People were able to express a preference about who visited them but sometimes they had to take "pot luck." This could mean they had a male carer when they preferred a female one. One person said "You are just glad to get anyone. Especially the weekends." They told the office about anyone they had not liked or who they considered to be inexperienced. Staff circumstances changed and there were planned and unexpected absences to cover. People requiring care began and left the service constantly and their needs changed.

People told us they had been given information about how to complain and some had done so. People knew they could contact the office if they had any concerns. Many said they had not needed to raise any complaints. Some people felt the service was "not really responsive." Some people felt it was hopeless complaining "I have complained. They come and see you and it is better for a while but then it slips back."

Some people told us action had been taken following their complaint. Others said they had complained or tried to raise an issue felt they had not had a good or satisfactory response. Issues raised included: not seeming to get anywhere, difficult to get to speak to right person, calls are not returned and not getting enough information to be confident the issue was being dealt with.

We spoke to three community customer supervisors who dealt specifically with complaints and tried to resolve any issues of concern. If the complaint was about a planning issue they liaised with members of the planning team. They told us as the staffing shortage had improved they felt they were able to concentrate on their own jobs. They had been assisting with delivering care and "trouble shooting." They were able to give us examples of work they had done with people to structure their care to meet their needs.

When we received a complaint about the service we often found the service was already aware of the complaint and the community customer supervisor had visited the person receiving the service or their relative to improve the

Requires improvement

Is the service responsive?

situation. The manager was very quick to investigate and report back to us on any complaints we discussed with them. They were always able to access the call logs and give an explanation of how the event had occurred.

We looked at the files recording missed visits and complaints since March 2015 The majority of complaints recorded were about the times of calls. Each recorded complaint had been investigated and action had been taken. Whilst the number of missed visits had reduced substantially from the last inspection it was clear from the file that whenever a visit was missed it was a serious concern to the person expecting a call. Relatives found it of great concern if they felt they were not able to rely on the service. We heard from two relatives who had gone to another provider because the agency could not get regular carers to their family member at the right time.

We also talked with people during the inspection who had a missed call and saw missed visits recorded in the daily records of people we visited.

Requires improvement

Is the service well-led?

Our findings

The registered manager was very open and approachable. They visited people whenever possible and said it was important to keep in touch with staff and people receiving a service. They were involved in solving problems on a regular basis. When we asked about complaints or safeguarding issues raised they knew the people and were able to talk with us about each one.

The manager spoke with us about areas of the service they were planning to develop and improve in the next twelve months. Since the last inspection the service had improved. However many people remained unsatisfied with the timing of the visits they received and the continuity of care staff visiting them.

There was a staffing structure which gave the clear lines of responsibility and accountability essential for the management of this very large service. The registered manager should be supported by two care managers based in Sedgemoor and West Somerset. However due to staff changes both care manager posts were vacant at the time of the inspection. A new appointment had been made for West Somerset. The registered manager had been supported by the Operational Manager. One of the changes the service had recently made was to divide the general supervisor role. Community Customer Supervisors and Community Staff Supervisors now had clear roles directed at either supporting staff or reviewing and assisting people receiving the service. There were still some vacancies for these senior roles at the time of the inspection. Senior care staff were responsible for their designated teams of staff and people receiving care in geographical areas. This meant that people using the service and staff did not have enough senior staff to contact to resolve their problems.

People were encouraged to talk to care staff and supervisors but many felt they had no involvement in the running of the service. Some people said they had been asked to complete questionnaires but felt they were not acted on. Although one person said the service rang from time to time to check if they were happy with how things were going most respondents were uncertain about whether /what checks the management carried out. They felt the service did expect good standards from its workers and took action when they were aware standards had "slipped."

Staff told us they were able to raise concerns at any time with the manager or supervisors. One Community Customer Supervisor explained their role in promoting good standards of care through knowing people and staff well. A Community Staff Supervisor was enthusiastic about the training element of their role and the ways in which good staff training could improve people's care.

People had mixed views about how the service was managed and organised. Most people praised staff and supervisors who tried to "sort them out." Other people cited administrative problems, timing of visits, continuity of care staff, missed visits and lack of rotas as examples of aspects of the service to be improved. Comments included: "You can't fault the carers; it's just the organisation that gets me. They are a good bunch but the planners are disorganised." "The care staff are lovely but the office staff don't understand." "I am more than satisfied with the carers, they are wonderful people. No complaints. But, it's the admin I'm not all that happy with." "At the moment there is room for improvement. We used to have regular staff and a rota. Now anyone can walk in and we do not get a rota."

The provider had taken action to improve the service. Newly appointed planners demonstrated awareness of the importance of their role. They said they had received "plenty of training and support" to do their jobs. They were working at improving their local knowledge of the areas they were planning. They told us there were always staff to ask if they need clarification about a location of a care visit. They said there were "black spots" where staff shortages made it very difficult to achieve the consistency of carers they knew people wanted.

The provider had a quality assurance system in place based on the Care Quality Commission outcomes. The system aimed to monitor different aspects of the service across the year. There was also regular reporting of key events in the service such as missed calls, calls the service had not been able to supply, complaints and compliments. The computer logging system was used effectively to record any incidents or information received into the office. This meant managers were nearly always able to track events related to complaints and give an explanation.

Requires improvement

Is the service well-led?

Action had been taken to address the short falls in the service. New staff had been appointed, the office staff had been re-organised and supervisor roles had been changed and developed. It was evident however that further action was required.

In February 2015 the provider conducted a customer satisfaction survey. All people were contacted by phone and asked seven key questions about the service. They were asked: If they had ever had to go without a visit or had a late visit.? If they had had a missed call or late call they were asked if they were they contacted.? Were they visited by staff who knew them.?

The results showed substantial numbers of people had gone without visits and had late calls. Just under half of the people were notified if a call was to be late. Over half said enquiries to the office were dealt with to their satisfaction. Most people were "familiar" with staff who visited them. When asked to rate the service between a score of one to ten 25% gave them less than 5. 50% rated them between 7 and 8. This meant that for some 25% people the service was above 8 including some 10s.

Information was available if people needed to be transferred to another service. The manager said there was a team approach to problems that arose and plans were in place to respond to emergencies such as poor weather.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider did not deploy sufficient numbers of staff at all times to make sure they could meet people's care and treatment needs. Regulation 18(1)