

Nestor Primecare Services Limited

Allied Healthcare Liphook

Inspection report

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06 March 2018

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 05 and 06 March 2018 and was announced to ensure staff we needed to speak with were available. This service is a domiciliary care agency. It provides personal and nursing care to people living in their own houses and flats. It provides a service to people living with dementia, people with a learning disability or an autistic spectrum disorder. In addition to people with a mental health issue, people who misuse drugs and alcohol and people with a physical disability or sensory impairment. At the time of the inspection, they provided care to 59 people, of which a total of 11 adults and children received nursing care and 48 adults received personal care.

The service did not have a registered manager. 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 provider had been actively recruiting to this post.

Following the last inspection in October 2016, where we found four breaches of the Regulations. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, responsive and well-led to at least good. At this inspection, we found the requirements of these four Regulations had now been met, but further work was required to ensure the key questions of safe and well-led achieved a rating of good.

Trained staff administered people's medicines safely. Processes were in place to ensure staff documented the administration of people's medicines and these records had been regularly audited. Guidance was in place to ensure the effective application of topical creams for people.

Processes were in place to document and investigate people's complaints about the service. Processes were in place to ensure that incidents logged on the system were investigated. Statutory Notifications had been submitted and the provider further strengthened this process during the inspection to ensure they could in future provide written evidence of all of the submissions made to CQC.

Staff training and processes were in place to ensure people were protected from the risk of abuse. Staff told us they felt able to approach management about any concerns. Processes were in place to ensure any incidents were investigated, reviewed and any learning points identified and actioned.

A range of potential risks to people had been assessed including generic risks and risks related to people's clinical care needs. There was clear written guidance for staff with regards to the management of any identified risks for people's safety. Processes and procedures were in place which staff had been trained in and followed, to protect people from the risk of acquiring an infection.

There was insufficient care staff capacity particularly in Guildford, which had resulted in the provider

struggling to consistently provide two care staff for those who required this level of staffing. The provider took immediate action for one person's safety during the inspection and has committed to not taking on any further care packages whilst they recruit to their vacant staff posts.

People's needs had been assessed and the delivery of their care and support was based on current standards and relevant guidance. Staff supported people to ensure they received sufficient food and drink for their needs.

The provider worked in partnership with a range of agencies in the provision of people's care. Processes were in place to ensure people received effective healthcare, which was co-ordinated across services.

Staff underwent an appropriate induction, on-going training and support for their role.

People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People felt staff treated them in caring and kind manner. They were encouraged to be involved in decisions about their care and treatment. People's privacy, dignity and independence had been respected and promoted.

The service was responsive to people's needs. People had personalised care plans, which reflected their preferences and lives. Where the service had been commissioned to support people with their interests, they provided this care. Processes were in place to enable staff to learn about people's care needs.

No-one currently supported by the service required end of life care. However, in the event people needed this care staff training was available to staff.

People and staff reported a 'negative culture,' following all the changes that had taken place in the office since October 2017. The Operations Support Manager was aware of this and was trying to address the situation. Processes were in place to seek people's views and to engage staff. However, both people and staff were of the view that communications required improvement to ensure they felt informed and included in the changes that took place.

Processes were in place to audit various aspects of the service in order to drive improvements and the provider was actively monitoring the service.

This is the third time the service has been rated Requires Improvement, but the first time it has been rated as Requires Improvement since the introduction of CQC's 'Guidance on Inspecting Services Repeatedly Rated Requires Improvement.' The provider already had an improvement action plan in place based on the areas that required action identified at the last comprehensive inspection and improvements had taken place, but there were still areas that required further improvement as outlined in this report. Following this inspection, we have asked the provider to submit to us an updated copy of their plan based on the issues identified within this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

The provider had processes in place to ensure the proper and safe management of people's medicines.

Systems, processes and practices were in place in order to protect people from the risk of abuse.

Risks to people had been assessed and guidance was provided to staff in order to ensure potential risks were managed safely.

There were not consistently sufficient numbers of staff to deliver care to people who required two staff. They have taken proportionate measures to recruit staff.

People were protected from the risk of acquiring an infection as processes and procedures were in place and staff underwent relevant training.

Processes were in place to ensure learning took place from incidents.

Is the service effective?

Good 

The service was effective.

People's needs had been assessed and the delivery of their care and support was based on current standards and relevant guidance.

Staff had been provided with the skills and knowledge to deliver effective care and support to people.

People were supported by staff to eat and drink sufficiently for their needs.

Processes were in place to ensure staff worked both within the service and across organisations to ensure people received effective care.

People were supported by staff to access healthcare services as

required.

People's consent to care and treatment had been sought in line with current legislation and guidance.

Is the service caring?

Good ●

The service was caring.

People reported they were treated with kindness, respect and compassion by staff.

People were encouraged to make decisions about their care and treatment.

People's privacy, dignity and independence had been respected and promoted during the provision of their care.

Is the service responsive?

Good ●

The service was responsive.

People had personalised care plans, which reflected their preferences about the delivery of their care.

Processes were in place to document, investigate and learn from people's complaints.

No one currently supported received end of life care, but staff training was available to ensure staff would be able to provide this care if required.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

People and staff reported that there was a 'negative' culture within the service.

There was not a Registered Manager in post, but the provider had been actively recruiting to this role.

Staff understood the need to submit statutory notifications to CQC and the provider has strengthened this process to ensure they keep a record of when notifications have been submitted and received by CQC.

Processes were in place to seek people's views and to involve staff. However, these required review as people and staff did not

feel sufficiently involved or consulted.

Processes were in place to audit the quality of the service provided and to drive improvements.

The provider worked in partnership with a range of agencies in the provision of people's care.

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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.

We gave the service 48 hours' notice of the inspection activity to ensure staff we needed to speak with were available and to enable the service to inform people the inspection was taking place and that they may be contacted. Inspection activity started on 1 March 2018 and ended on 6 March 2018. It included telephone calls to people and home visits. We visited the office location on 5 and 6 March 2018 to speak with staff; and to review people's care records and policies and procedures.

The inspection team included two adult social care inspectors 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. The Expert by Experience had experience of caring for older people.

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 the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events, which the provider is required to tell us about by law.

Prior to the inspection, we received written feedback on the service from the local authority and the local clinical commissioning group, neither of whom had any concerns about the service provided. We sent questionnaires to 36 people of which 12 were returned, seven staff of which one was returned and 36 relatives of which three were returned. Following the inspection, we spoke with a person's social worker about their care.

During the inspection, we spoke with 10 people and four relatives and we completed three home visits to people with care staff. We spoke with seven care staff, the Care Delivery Manager, a Clinical Lead Nurse, a Field Care Supervisor and the Operations Support Manager.

We reviewed records, which included six people's care plans, five staff recruitment and supervision records, and records relating to the management of the service.

The service was last inspected in October 2016 when we found four breaches of the Regulations.

Is the service safe?

Our findings

People told us they had felt safe with staff and with the manner in which staff treated them. People told us the timings of their calls had been good when their regular care staff had delivered their care but this had been less reliable at weekends, in particular on Sundays.

At our previous inspection in October 2016, we found people were at risk because safe practice in the recording of people's medicines had not been consistently followed by staff or monitored effectively by the provider. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider sent us an action plan detailing how they planned to meet the requirements of this Regulation by 28 May 2017. At this inspection, we found the requirements of this Regulation had been met.

The provider had informed us that staff underwent medicines training and that their competency to administer medicines had been assessed annually, which records confirmed. Staff we spoke with were satisfied with their training in relation to medicines management and felt competent.

People had a medication plan where required and medicine administration records (MAR's) were in place for staff to document what medicines they had administered to people. Those MAR's we checked had been completed correctly. Processes were in place to ensure people's MAR's had been regularly audited and any identified required actions had been taken. People had topical cream charts where required which detailed for staff where to apply the person's cream to ensure it was applied effectively. A person's records noted that they did not wish to be prescribed a certain type of medicine, to ensure staff were aware of and respected this person's wishes. The requirements of this Regulation had now been met.

We asked staff how people were protected from discrimination. One staff member said, "I know the people I visit really well. I always try to respect people and their wishes." Our observations whilst visiting people in their homes with care staff confirmed this. Staff spoken with had undertaken adult safeguarding training and all were able to identify the types of abuse. They understood the correct safeguarding procedures should they suspect a person had been abused. One staff member told us, "I would let the office know if another staff member, or even a relative, was doing something they shouldn't." Staff confirmed to us the manager operated an 'open door' policy and that they felt able to share any concerns they had in confidence. We spoke with senior staff about the management of safeguarding issues. They were aware of their legal responsibility to inform the CQC of all safeguarding referrals they made. The Care Delivery Manager informed us that a safeguarding alert had been raised by Social Services about a person and they were co-operating with the safeguarding investigation, to ensure this person received safe care.

A range of potential risks to people had been assessed including generic ones such as mobility, falls and skin integrity and specific risks related to people's individual clinical care needs. There was clear written guidance for staff with regards to the management of any identified risks.

People's risk assessments documented the number of staff they required to support them with tasks and any equipment that was used. There were details of who maintained the equipment and when it had last

been serviced for people's safety. Staff underwent both practical and theory moving and handling training which included the use of equipment such as hoists and there was guidance for them about how to check the safety of people's equipment before they used it.

People's care plans detailed the arrangements for accessing the person's home and ensuring its security. There was an out of hours system for people and staff to use and any issues raised out of hours, had been passed back to the office staff to ensure they took any required action.

The provider had undertaken appropriate checks before staff began work. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS), to ensure staff were of suitable character. There were also copies of other relevant documentation including applicant's full employment history, professional and character references, driving licences, motor insurance documentation and interview notes in staff files.

People told us they had experienced late calls and two relatives said there had been missed calls, which records confirmed. The service did not categorise a call as late unless it was delivered over 30 minutes after the scheduled time, which people were not satisfied with, we have informed the provider in order for them to take relevant action in relation to this feedback. There was insufficient staffing capacity particularly in the Guildford area where four full-time equivalent posts had been advertised. Although staff had undertaken additional hours to provide people's care, the service had struggled to always provide the two care staff required for three of the four people who required 'double up' calls. For two of these people contingency's had been agreed, for one of them the issue was short term and for the other an additional staff member was due to start work shortly. In both cases the person's relatives had acted as the second worker where required. A social worker confirmed that although a person was not receiving unsafe care and their care needs had been met, the provider had not always been able to provide the two staff as commissioned. However, for the third person their relative who had not undertaken moving and handling training had been asked to assist staff with hoisting when a second member of staff could not be provided which was a potential risk to the person, their relative and staff. During the inspection, the Operations Support Manager informed us that a decision had been made to hand back this person's package of care to the commissioning authority, as they could not consistently provide the required two care staff to deliver this person's care safely.

The service had been proactive in their recruitment strategy; in addition, they were looking at optimising care staff routes to ensure time was not wasted unnecessarily on travel. Staff confirmed that their scheduled routes for care delivery required review, as they wasted a lot of time. The provider understood that they had an ongoing staffing issue and although they had taken proportionate measures to address this for people, further work was required. The Operations Support Manager wrote to CQC during the inspection to inform us they will not take on any new packages of care until the Guildford care staff posts have been filled, to ensure, sufficient staffing.

All staff had received training in managing infection control in line with the provider's infection prevention and control policy. People's care plans referenced the guidance in the provider's infection control policy to ensure staff knew what was required. The staff spoken with understood their responsibilities in this regard and of its importance and our observations on home visits confirmed this. People confirmed to us that staff wore the personal protective equipment provided. Regular audits of infection control had been completed for people to ensure their safety.

Staff were required to report any incidents to the office for investigation by management and to complete a 'bodymap' for people if they sustained an injury, in order to provide a written record. Any incidents were investigated and any learning points identified and fed back either to individual staff or the staff group where

relevant, to reduce the risk of repetition for people.

Is the service effective?

Our findings

People we spoke with provided mixed feedback, one person felt that, 'Newbies are not trained.' Whilst other people confirmed their care staff had attended training. A person's relative told us, "They are well trained."

People's needs had been assessed prior to them commencing the service. All people had been screened at their initial assessment to identify if they had clinical care needs that necessitated the provision of nursing care; this ensured people's clinical care needs had been actively identified. People who required tracheostomy care due to having had an opening created in their neck to enable them to breathe through a tube or who those who were fed through an opening in their stomach for example, had particularly detailed care plans, which informed the provision of their care by staff and ensured effective management of any risks. Relevant staff had been provided with training in these areas and clear guidelines were in place based on the manufacturer's instructions regards the use of any medical equipment or devices, to ensure people received effective and safe care.

Care Certificate training was in place for all new staff. This familiarised staff with a set of standards that health and social care workers adhere to in their daily working life. There were two types of induction depending on whether staff worked with adults or children. Staff practice had been assessed twice during their probationary period. At twelve weeks, a decision was made regarding staff's suitability to carry out their duties on a permanent basis. We spoke with one staff member about their induction, they told us, "The induction was useful and comprehensive too I have to say". The Care Delivery Manager told us that during staff's induction they 'shadowed' more experienced staff on the 'care round' they would join, which also enabled them to be introduced to people. However, care staff were not always introduced to people prior to providing their care, which one person and a relative confirmed, and which they would have liked to have seen take place. We have informed the provider in order for them to take relevant action in relation to this feedback

Staff had been able to access mandatory training in subjects relevant to the care needs of the people they supported. The provider had made training and updates, accessed by an on-line system, mandatory for all staff in a number of areas and those staff who worked with children and adults with complex health needs received additional training and competency assessments from one of the provider's nurses. Staff we spoke with were satisfied with the training. One told us, "It's very good, I have to say. The best I've had." Although staff told us they had not had one to one supervisions lately. We noted supervision sessions had been 'booked in' on the provider's electronic system and there was evidence that the provider had carried out regular spot checks on staff whilst they delivered people's care. Staff had been appropriately supported in their role.

Where people required staff support with eating or drinking, they had a nutrition care plan in place. This incorporated any guidance provided by healthcare professionals such as the dietician or speech and language therapist (SALT). If people were at risk of dehydration, staff had been instructed to promote fluids and to ensure people were left with drinks. The Care Delivery Manager told us that where required people's food and fluid intake had been documented on a chart to enable their intake to be monitored but no-one

currently required this level of monitoring. The staff spoken with were knowledgeable about people's dietary requirements. They were aware of the importance of healthy eating and of maintaining a balanced diet. They were also aware of the balance to be struck between the need for this and people's rights to decide for themselves what they chose to eat.

The provider had a policy in place to ensure information was passed between the service and the hospital at the point of people's admission and discharge, so that people received safe care. The provider had informed us they had liaised with nurses, social workers and other health care professionals as required to ensure people received effective care, which records confirmed.

People told us staff supported them with their healthcare needs. One person told us, "I had (condition described) and the carer called the GP and then took me to the GP in her car. Then on the Sunday they (different carer) called the paramedics." Staff had been provided with guidance about when to seek medical advice. This was in the form of personalised guidance for those receiving clinical care and generic guidance in the form of the provider's Early Warning System, whereby staff had been trained to spot the early signs of a person deteriorating to ensure appropriate assistance was sought.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

During people's initial assessment, they were screened to identify if they potentially lacked the capacity to make a specific decision and therefore if a MCA assessment and a best interest decision was required to ensure legal requirements were met for the person. Staff had undertaken recent training in this area and those we asked understood the relevance of the MCA to their work with people. Staff were also aware overall, of people's rights to make choices for themselves and to live a life that was not risk free.

Is the service caring?

Our findings

There was only praise for the care staff, many of whom had been working with people for many years. Their feedback included, "My carer is friendly, obliging and she chatters – I wouldn't like to lose her" and "I am very happy with the individual carers. Nobody is rough; they treat me with great respect, as so much is undignified. They are a pleasure."

The staff we spoke with felt they were working in a caring manner and this was confirmed by people's feedback. People recognised the effort that staff had made to reach them in the recent challenging snowy weather conditions. One person commented, "My regular carer is excellent. She lives locally and I think that she was very brave to come out this morning. I was very grateful."

Despite the provider's staffing issues, the staffing rosters reviewed demonstrated people did overall receive consistency of care staff where possible, which they valued. A person commented, "I have had the same team of carers, just about, since I started. They don't do it for money or career progression – wonderful people." A relative confirmed, "Our three regular carers are excellent and very patient with (named) who is very slow. They encourage [loved one] and chat. They're lovely to me too." The provider monitored the quality of staff interactions with people through reviews and quality assurance checks. The provider's spot checks upon staff included a check upon staff's attitude towards people.

The provider had informed us people had personalised communication plans, which records confirmed. If people used specific equipment to communicate, then this was noted in their care plan for staff's information. Staff were able to source advocacy services for people if they required this support in order to represent their views.

People's care plans documented how to involve them in making decisions about their care. For example, one person's care plan noted, 'Able to make decisions and must be included in all decisions.'

We observed interactions with people using the service and staff in the community. We found staff were caring, considerate, and treated people with dignity and respect. People's care plans explicitly told care staff that people's privacy and dignity should be upheld during the provision of their care and detailed how staff should achieve this where required for the individual. Audits of people's care logs included a check on the appropriateness of the language staff had used when writing in people's notes, to ensure it was respectful.

People's care plans noted what they could do for themselves and what they preferred to do for themselves in order to promote the person's independence. We asked staff how they encouraged people's independence. One staff member told us, "It wouldn't be in our interests or the people we visit to make them dependent on us. A lot of the things I do are only because the person just can't do it for themselves." Staff supported people to retain their independence.

Is the service responsive?

Our findings

Three people spoken with could recall either being involved in their care planning or review.

At our previous inspection in October 2016 we found there was a risk to people from an on-going failure of the service when complaints were not investigated and addressed within a timely manner. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider sent us an action plan detailing how they planned to meet the requirements of this regulation by 28 May 2017. At this inspection, we found the requirements of this Regulation had been met.

Following the last inspection, people were now provided with a copy of the provider's complaints process with their service user welcome pack. The staff we spoke with were clear about their responsibilities in the management of complaints or concerns. They were aware of the provider's complaints policy and procedures and where to find them. Records showed complaints had been electronically logged on the provider's system and investigated by the management team. The provider was aware of the themes of the complaints received such as calls running late or the time of the care call being changed and had taken action to address this through staff recruitment.

People were asked to complete a quality review either by telephone or in person. Some people recalled having received a feedback form about their care, but felt they would have liked to speak with staff or that the questions were not particularly relevant. Records showed that where a person had raised an issue at their quality review, staff had followed this up for the person with the relevant authority. Action had been taken in response to people's feedback.

People had been asked to sign their consent to the care provided where they could sign and this demonstrated their involvement in their care planning. People who received domiciliary care had their care plans reviewed at least annually and more often if required in response to events such as a hospital admission. People who received clinical packages had their care reviewed more frequently. Staff told us that three people's care plans were overdue for review, which records confirmed and one of these was booked during the inspection.

People's personal history in terms of their family circumstances, contacts and, hobbies, interests and previous occupation had been noted. This provided staff with background information about people, which they could use to initiate conversation. The Operations Support Manager told us a lot of work had been completed to personalise people's care plans. We saw that in addition to documenting people's preferences about when to shower or bathe and what products they liked for example, account had been taken of people's personal preferences, routines and circumstances in relation to the delivery of their care to ensure there was personalised guidance for staff. On one person's record, it highlighted to staff that they must talk with the person as they might be the only human contact the person had all day. Records confirmed that staff did spend time talking with people as they provided their care.

The service ensured that people had access to the information they needed in a way they could understand and complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People's communication plan documented their communication needs.

Where the service had been commissioned to support people with their interests, they provided this care. Records showed staff had supported people to go into town and to do shopping; they had also supported a person to go on holiday for example.

The service was able to be flexible, for example, one person's care package varied in size depending on their needs. A social worker confirmed that the service had been responsive and provided the additional hours the person required when they had the staffing capacity to do so.

A person and a relative both reported to us that care staff did not always seem familiar with the care plan. The Care Delivery Manager told us new staff learnt about people's care needs during their 'shadowing' period on induction and that staff were verbally briefed before providing care to new people. Staff were expected to read people's care logs upon arrival at the call to make themselves aware of any changes to the person since they had last seen them. Processes were in place to enable staff to learn about people's care needs.

The Operations Support Manager informed us that no-one was currently provided with end of life care, however, if a person required this care then staff training was available to ensure that the person's care needs could be met.

Is the service well-led?

Our findings

People spoken with lacked confidence in the office staff. Many were confused about the recent changes and what they might mean for them. They did not feel that the provider was open or transparent; they felt that they had to rely on their individual care staff for information and updates about roster changes. Their comments included, "It's all changing again, people leaving but we don't actually know what's happening," "The organisation is, disorganised" and "They have lost touch with their clients."

At our previous inspection in October 2016 we found people were potentially placed at risk as not all incidents were investigated and managed promptly. In addition, the provider had not always made CQC aware of allegations of abuse. These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Registration Regulations 2009. Following the inspection the provider sent us an action plan detailing how they planned to meet the requirements of this Regulation by 28 May 2017. At this inspection, we found the requirement of these Regulations had been met.

Processes were in place to ensure that incidents logged on the system were investigated and a 'root, cause, analysis' was completed in order to identify any potential learning that was required. In the absence of a registered manager these had been completed by the senior staff that had been drafted in to provide management cover from the provider's other locations.

Since the last inspection, a significant number of statutory notifications had been submitted to CQC as required. We did find a small number of completed notifications that the provider held which we could not locate on the CQC system and as the staff member who had completed them had since left, we could not speak with them about this. As the provider had not kept a record of their submission we could not ascertain if they had been completed and submitted or just completed. We reviewed these notifications on-site and saw that no harm had come to people. We discussed this with the Operations Support Manager who has assured us that in future when notifications are submitted they will keep their electronic 'receipt' of submission received from CQC with the copy of the notification in order to demonstrate that the notification was actually received by CQC.

People's feedback was echoed by staff, who told us they did not feel supported by management above branch level. The service had operated in difficult circumstances since the previous Registered Manager had left abruptly in October 2017 and all of the office staff had then left on 16 February 2018, two and a half weeks prior to the inspection. The provider had proactively recruited to the Registered Manager's role and an appointment was hoped to be imminent. In the interim, managerial cover had been provided between the Operations Support Manager and a Registered Manager from another of the provider's locations. In addition to support from office staff who had been brought in to support the three new office staff in post whilst a second Scheduler and the Registered Manager were recruited; it had been a challenging time for both people and staff.

The Operations Support Manager recognised that the number of changes in the office since October 2017

had created a lot of unrest for people and staff and that the 'closeness' between office staff and people had been lost, This had created a negative culture, which they were trying to address. They planned to issue people's rosters for two weeks in advance rather than weekly, to provide people with this information further in advance. Records demonstrated the provider had involved staff and sought their views, at a staff meeting held on 02 February 2018. Staff had been updated about the changes taking place in the office and the measures in place to drive recruitment and support continuity. Staff had also been encouraged to support the provider's leaflet drop initiative in order to involve them in recruiting more staff. People had been sent a customer survey in July 2017; overall, the feedback at that time had been positive. In addition, people's views were sought through their reviews and quality assurance feedback. However, both people and staff felt that these processes required improvement to ensure they felt informed and included in the changes.

Audits of the service took place at different levels, from auditing care staff's completion of people's medicine administration records, logbooks and people's financial record sheets to auditing people's care plans. Audits of people's logbooks demonstrated that when issues had been identified, the issue had been addressed with relevant staff. The service was sent a weekly report by the provider, which highlighted any trends for the service. The Operations Support Manager told us that the current trends for the service related to continuity and communication, which reflected the feedback we had received from people and staff. The provider had identified that this was a service that had experienced operational issues since October 2017 and the Operations Support Manager informed us that for the last three months they had weekly calls from the provider's National Compliance Officer to review the service.

Since the Operations Support Manager had arrived in December 2017, the service had an ongoing action plan based on the breaches and areas for improvement identified in the previous CQC report. Areas that required action had been identified, the required action listed and there were regular updates upon the actions taken. We saw that a number of areas such as the breaches of Regulations had been signed off as complete and progress with staff recruitment was being monitored. Following this inspection, we have asked the provider to submit to us an updated copy of their plan to reflect how they intend to address the issues identified within this report.

The provider worked in partnership with a range of agencies in the provision of people's care. When people were referred from Social Services for example, the provider ensured a copy of the person's Social Services needs assessment was obtained to inform care planning.