Solcare (Broxtowe & Erewash) Ltd

Caremark (Broxtowe & Erewash)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an announced inspection of the service on 20 July 2017. This was the service's first inspection under its current registration. Caremark (Broxtowe & Erewash) is registered to provide personal care to people in their own homes. At the time of our inspection the service was providing the regulatory activity of personal care to 54 people.

On the day of our inspection there was not a registered manager in place. 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. We were informed by the nominated individual that a new manager had been recruited and would commence their employment in August 2017. They also told us the new manager would apply to become registered with the CQC immediately. We will monitor this application and address any delays with the provider.

The risks to people's safety were not always appropriately assessed and were not always reflective of people's individual care and support needs. People felt their medicines were managed safely by staff; however, people's records did not always contain sufficient personalised risk assessments or care planning documentation to ensure their medicines were always administered safely. People felt safe when staff supported them in their homes, however records showed the CQC had not been notified of incidents that could have had an effect on people's on safety. Care staff could identify the potential signs of abuse and knew who to report any concerns to. Some people and relatives were satisfied that staff arrived at their homes on time; however, some felt staff punctuality could be improved.

Some people raised concerns that they did not always receive care and support from a consistent team of staff. A recent high turnover of staff had contributed to this, although the care coordinator felt improvements were being made. Staff training was in the majority of cases up to date, with refresher courses booked where needed. Staff received supervision of their role, although the frequency with which a small number of staff received theirs, needed addressing to ensure consistency.

The principles of the Mental Capacity Act (2005) had not always been appropriately followed when decisions were made about people's care. Knowledge of which relatives held lasting power of attorney over their family member's health and welfare needs was limited.

Guidance for staff to communicate effectively with people living with dementia was limited. People were supported to maintain good health in relation to their food and drink intake, however guidance for staff on how to support people living with diabetes was limited. People felt their day to day health needs were met by staff.

People found the care staff to be kind, and caring; they understood their needs and listened to and acted upon their views. People felt the care staff treated them with dignity and respect. People were involved with

decisions made about their care and were encouraged to lead independent a lives. People were provided with information about how they could access independent advocates.

Personalised care planning documentation was not always in place. Care plans were currently in the process of being re-written to address this. Guidance on how to support people living with dementia was limited. Information recorded in people's care records relating to their day to day routines was detailed. People felt staff would respond appropriately if they made a complaint.

Current quality assurance processes were not always effective in ensuring that people received a high quality service at all times. The issues highlighted within this report had not been identified by the provider's quality assurance systems. However, the nominated individual had recruited the services of an external consultant to offer guidance and advice on how to make sustained improvements at the service. Efforts had been made to gain people's views on developing and improving the service. Not all notifiable incidents had been reported to the CQC. Staff understood how to report serious concerns via the provider's whistleblowing policy.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the back of 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 risks to people's safety were not always appropriately assessed and were not always reflective of people's individual care and support needs.

People felt their medicines were managed safely by staff; however, people's records did not always contain sufficient personalised risk assessments or care planning documentation.

People felt safe when staff supported them in their homes; however records showed the CQC had not been notified of incidents that could have had an effect on people's safety.

Some people and relatives were satisfied that staff turned up to their homes on time, however, some felt staff punctuality could be improved.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Some people raised concerns that they did not always receive care and support from a consistent team of staff.

Staff training was in the majority of cases up to date, with refresher courses booked where needed. Staff received supervision of their role, although the frequency with which a small number of staff received theirs needed addressing to ensure consistency.

The principles of the Mental Capacity Act (2005) had not always been appropriately followed when decisions were made about people's care.

Guidance for staff to communicate effectively with people living with dementia was limited.

People were supported to maintain good health in relation to their food and drink intake, however guidance for staff on how to support people living with diabetes was limited.

People felt their day to day health needs were met by staff.

Is the service caring?

Good

The service was caring.

People found the care staff to be kind, and caring; they understood their needs and listened to and acted upon their views.

People felt the care staff treated them with dignity and respect.

People were involved with decisions made about their care and were encouraged to lead independent a lives.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Personalised care planning documentation was not always in place.

Guidance on how to support people living with dementia was limited.

Information recorded in people's care records relating to their day to day routines was detailed.

People felt staff would respond appropriately if they made a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Current quality assurance processes were not effective in ensuring that people received a high quality service at all times.

Efforts had been made to gain people's views on developing and improving the service.

Not all notifiable incidents had been reported to the CQC.

Staff understood how to report serious concerns via the provider's whistleblowing policy.

Caremark (Broxtowe & Erewash)

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 took place on the 20 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager and their staff would be available.

The inspection team consisted of one inspector and one Expert-by-Experiences (EXE). This is a person who has had personal experience of using or caring for someone who uses this type of care service. The ExE contacted 20 people. They managed to speak with seven, and three relatives to gain their views of the quality of the service provided.

Prior to the inspection we sent 38 questionnaires to people who used the service and received 14 responses. We also sent 38 to relatives with four responses, 34 to staff with four responses and 12 to community professionals with two responses. This feedback helped to inform this inspection.

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 also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

At the provider's office we reviewed the care records for six people who used the service. We also looked at a

range of other records relating to the running of the service such as quality audits and policies and procedures. We spoke with three members of the care staff, the care coordinator, the field care supervisor, an external consultant and the provider's nominated individual.

Requires Improvement

Is the service safe?

Our findings

Processes were not always in place that ensured the risks to people's safety were appropriately assessed and reviewed to ensure the care being provided for them met their individual needs. We were told by the nominated individual that all care planning documentation was currently under review to ensure they reflected people's current needs. We looked at a sample of six records. Three in the new format and three in the old format. We found the newer format included some detailed information about the risks to people's safety and how staff should support them to ensure they were safe. These included risk assessments for their home environment, their ability to mobilise and nutrition. The field care supervisor told us approximately half of the care records still needed to be re-written in the new care plan format and this was a priority.

The 'old format' care plans we looked at did not always contain sufficient detail to enable staff to support people safely. We found examples where identified risks to people's health and safety had not been appropriately assessed with no subsequent care plan put in place to give staff the information needed to support people safely. For example, we found a person was at risk of developing pressure sores and required regularly repositioning from staff to reduce this risk. There was limited information for staff on how they should do this. Records for another person stated they were diabetic, but there was no reference to this within their nutritional risk assessment.

We also found examples, in each of the three 'old format' records that we looked, of duplicated risk assessments that had been entered into each of the three people's care records. These included exactly the same risk assessments in high risk areas such as the support people needed with 'washing and dressing', the environment people lived in and safe management of medicines. All three of these people had varying needs within these areas, therefore the care plans were not sufficient to ensure their individual risks were managed safely. This placed their health, safety and welfare risk.

We raised this with the nominated individual. They told us they were not aware that this had happened and stated it was unacceptable. They told us they would ensure an immediate review of all risk assessments in all care plans would be carried out to ensure they were individualised to each person's assessed risks. Upon doing so this would reduce the risk to people's health, safety and welfare.

The people we spoke with told us they were able to manage their own medicines or were supported to do so by their relatives and did not require support from staff. However, we noted in the care plans that we looked at that risk assessments in relation to people's medicines and subsequent care plans did not always contain sufficient information for staff to be able to support people safely. In three of the care records we looked at the risk assessments for those people who required support from staff with taking their medicines were exactly the same. Each of these people had varying needs in relation to the medicines. This increased the risk of people not being supported with their medicines in their preferred way.

We also noted people's allergies and their preferences for how they liked to take their medicines were not always recorded within people's care plans. This meant people may receive their medicines in a way that

was not appropriate for their individual needs.

The provider had not always ensured systems were in place to provide people with safe care. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities).

Records showed regular audits of people's medicine administration records were carried out by the field care supervisor. These checks were to ensure staff recorded when they had supported people with taking or had administered people's medicines for them. The records we looked at showed these had been correctly completed. The field care supervisor also carried out regular competency checks of staff member's ability to administer medicines safely. Where any areas of concerns were highlighted, these were addressed with the member of staff.

Processes were in place to reduce the risk of people experiencing avoidable harm. A safeguarding policy was in place. Staff had received appropriate safeguarding of adults training. Regular assessments of when people had been involved in an accident or incident that affected their health, welfare or safety were carried out. Where serious risks were identified action was taken to address them. We found where some of these incidents needed to be referred to the local authority multi agency safeguarding hub they had not been. However, the ones that had been referred had not always been forwarded to the CQC, which is part of the provider's registration requirements. This meant the CQC was not fully informed of incidents that had occurred within the service. Since the inspection the nominated individual has informed us a review of all incidents that have not been referred to the CQC will be done so retrospectively.

People and relatives we spoke with told us when staff came to their home they or their family members felt safe. One person said, "They [staff] are here to make sure I am safe. I do feel safe when they are here." Another person said, "I do feel safe, I feel secure and everyone is very respectful." A third person said, "I do feel safe and secure because the carers are very nice. The carers wear a uniform and always show me their ID badge." A relative said, "Yes I think [name] is safe, if I had any concerns I would speak with the people in the office." Of the people who responded to our questionnaire, 100% told us they felt safe when supported by the staff.

Protocols were in place that were intended to keep people safe. This included the process staff should follow if a person was not in or did not answer their door when a member of staff arrived at their home.

We received mixed feedback from people when we asked them if staff arrived on time to support them, or if staff had failed to turn up to their own home. Of the people who responded to our questionnaire, 29% of them told us they were not satisfied with the punctuality of their care staff. Comments from these questionnaires or from speaking with people on the phone were as follows. One person said, "They are usually on time, maybe the odd few minutes late." Another person said, "Sometimes the carer has been late, sometimes up to about 25 minutes." A third person said, "Because of frequent changes to carers and times of visits, I have a constant feeling of uncertainty and worry that nobody will turn up, which has happened previously three times." A fourth person said, "I have been missed, we phoned the office and someone came out, it wasn't very good sitting waiting to get dressed."

Most relatives felt staff did turn up on time and that calls were not missed. One relative said, "[Name's] call has never been missed." Another relative said, "[Name] once told me at night that the carers had not been, but it was only the once." However, a third relative said, "Last week they suddenly changed [my family member's] first visit of the day from 7.00am to 8.30am. [My family member] spent 90 minutes worrying that no one was going to come at all. This has not been helped by the three occasions when a carer has totally failed to turn up."

We asked the nominated individual how they ensured that staff arrived on time and that calls were not missed. They told us they relied on staff to complete their timesheets correctly and the time sheets were then reviewed by the field care supervisor. They told us they were planning on introducing an electronic call monitoring process where staff would 'sign in' every time they entered and left and property, which would enable them to monitor more closely the arrival and departure times of staff.

Safe recruitment processes were in place to reduce the risk of unsuitable staff members supporting people. These processes included criminal record checks. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity.

Requires Improvement

Is the service effective?

Our findings

Two thirds of the people who responded to our questionnaire told us they received care from the same members of staff at each call. A person we spoke with said, "I have two regular carers, one of them calls each time." Another person said, "I have different carers but I get on with all of them." A third person said, "I had some new carers a couple of weeks ago they seemed to know what they were doing."

One third of people, who responded to our questionnaire, told us they did not receive care from a consistent team of staff. One respondent said, "My regular carer has been taken off my calls. I'm not happy." Some people we spoke also raised concerns. One person said, "Every carer is different, I used to have a regular carer but they left. I do miss that person, I got used to the way they did things." Another person said, "The only complaint that I have is that the carers are not regular, it would be nice to have regular carers so I get to know who is coming. The worst part of having personal care is that it should be the same carers not different ones."

We spoke with the care coordinator who explained how they tried to ensure that people received care from the same members of staff each day. They told us staff routes were planned to minimise travel time and to ensure that as much as possible, the same staff went to each person's home. The nominated individual told us there had been a recent high turnover of staff and this had led to some difficulties, but they assured us their team of staff was now settled and they expected things to continue to improve in this area.

We received a mixed response when we asked people whether staff appeared well trained and whether they understood how to provide them with the care and support they needed. One person said, "Yes they are trained because they do a professional job when they support me." Another person said, "Some are trained and seem to know what they are doing, some couldn't understand what I wanted." A third person said, "They don't do all the jobs they are asked to do." A fourth person said, "I do think the younger carer would benefit from some training from more senior, experienced colleagues to help them to use their initiative."

We checked to see what training staff had completed and whether refresher training was provided for staff to ensure their knowledge was up to date. Records showed training in core areas such as moving and handling and safe handling of medication were, in the majority of cases, up to date. Where refresher training was needed, we have been advised after the inspection that this has now been booked. The staff we spoke with felt well trained for their role and felt they had the skills needed to support people effectively.

Staff received supervision of their work. Records showed that the majority of staff supervisions were carried out when planned, however some were delayed. The nominated individual told us that this was mainly due to the lack of a registered manager working at the service over the past six months. However, they were confident that with the addition of a permanent registered manager soon, the frequency would improve.

Staff told us that due to the high turnover of managers at the service over the past seven months, this had led to difficulties in them carrying out their role and knowing who was in place to support them if they needed it. However, staff also told us they felt things were now more stable at the service and they looked

forward to the employment of the new permanent manager soon. One staff member also said, "It was really difficult when I first started. There was very little training and support and I felt like I was on my own, but things have improved recently especially since the recent change of manager." Another staff member said, "Anything I need and [nominated individual] is there."

The people we spoke with did not raise any concerns in relation to staff doing things without their consent. People's records showed before they commenced using the service, the care and support to be provided had been agreed with them, with some people signing their care records to say they agreed.

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. We checked whether the service was working within the principles of the MCA.

We found an inconsistent approach of the use of the MCA. We were told that most of the people supported by the service were able to make decisions for themselves. However, when reviewing people's care records, we found examples where people had been described as living with dementia. There was little recorded information within their care records about how this affected the ability to make certain decisions for themselves. We saw efforts had been made to involve relatives in decision making, but those relatives either did not have lasting power of attorney (LPA) for decisions relating to health and welfare, or, they only had LPA for decisions relating to their family member's finances. This meant decisions may be made for people by relatives who did not have the legal authority to do so. The nominated individual told us they would carry out a review of all people's records and ensure that where relatives did not have LPA for health and welfare decisions, that MCA assessments were carried out which would ensure that any decisions made for people, were in their best interest.

People's care records contained limited information for staff on how to communicate effectively with people who were living with dementia. There was also limited information to guide staff on how to support people if they became confused agitated or displayed behaviours that many challenge. More needed to be done to ensure that all people received the support they needed. The nominated individual told us they would ensure the new care planning system included more detailed information to enable staff to support people effectively in this area.

Many of the people we spoke with were able to manage their own meals or received support from relatives. One relative we spoke with said, "The afternoon carer will make sure [my family member] has had lunch which I make and leave. If they have eaten their lunch instead of their toast on the first call late morning, the afternoon carer will make another sandwich and then I do the meal later." One person told us that staff always ensured they had enough to drink.

People's care records contained guidance for staff on how people wanted support with their daily meals and drinks. People's preferred breakfast, lunch and evening meals were recorded and people's daily records showed these were provided for them. Where people required support with eating their meals, again daily records showed this was provided.

However, we did note that where people had a health condition that could affect their diet, sufficient risk assessments and subsequent care plans were not always in place. For example, we noted one person had diabetes. No guidance was provided for staff on the food or drink that could be provided for them to ensure their health in this area was managed safely. There was also no guidance in place for the staff to follow

should the person have a seizure should their blood sugar levels rise too high or drop too low. This could place people's health and welfare at risk. We were informed by the nominated individual that this, along with the areas identified within this report, would form part of the new care planning process and review that was currently underway.

People's day to day health needs were monitored by the staff. People's daily general health and wellbeing was recorded in log books, which were regularly reviewed by the field care supervisor. The people we spoke with told us staff managed their health needs well.

Good

Is the service caring?

Our findings

People told us they liked the staff who came to support them in their home and found them to be kind, caring and compassionate. One person said, "The staff are very kind, one or two are more helpful than others. The staff speak nicely to me." Another person said, "The staff are very kind gentle and respectful." A third person said, "They are very nice people, some are a little more attentive, but they all do their job although some are a little better than others."

Most of the relatives we spoke with or responded to our questionnaire agreed, with one commenting; "The carers are lovely, friendly people and [name of person] thinks of them as friends." Another relative said, "I have never met the carers but the comments they write in the log book shows they are nice and kind."

People were supported by staff who enjoyed their jobs. Each staff member was able to explain how they tried to make a positive impact on people's lives. One staff member said, "I love meeting new people and helping those who can't help themselves." Another staff member said, "I love making people feel happy and I like having a job that makes me feel good."

People's care records showed their likes and dislikes were recorded and they were involved with decisions about their care needs. People were asked for their views about any changes they would like made to improve the quality of the service they received. Reviews were carried out and people took part in telephone interviews. When changes were needed, these were always done with people's input. One person we spoke with told us staff respected their opinions and acted on it. They gave an example where they wanted the staff to use a different cream when supporting them with personal care and the staff did so straight away. A relative said, "The carers are quick to respond to new things and are flexible to change, they write everything down for me to read, so when I come in I know how things have been and what [name of person] has been doing."

People's religious needs were discussed with people before they commenced using the service and during subsequent reviews thereafter. If people needed support or had specific requirements when staff came to visit them in their homes, the nominated individual said staff would ensure this was provided.

The majority of people felt staff were interested in what they had to say and treated them or their family members with dignity and respect when they supported them. One person said, "The ladies who look after me are always kind, and make you feel like a real person, they are cheerful and always smiling after they work they do. No-one could ask for more." Another person said, "We sit and have a nice chat about everything." A third person said, "The carers are very respectful and gentle." Although one person said, "Some of the carers are very quiet and don't talk much."

People were supported to remain as independent as they wanted to be. People told us staff supported them when they needed it, but also encouraged them to do things for themselves wherever possible. One person said, "I am independent, I go up and have a shower while they sit here." Another person said, "I am very independent and I hope I remain that way. The carers are respectful of this." A relative told us they felt their

family member was encouraged to do remain as independent as possible.

Information was made available for people if they wished to contact an independent advocate. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

The staff we spoke with were knowledgeable about people's needs, spoke respectfully about them and could explain how they ensured people's dignity was maintained at all times. One staff member said, "Each person is different and you need to respect that. When I provide personal care, I make sure the curtains are closed, I shut the bedroom door and ensure, especially if others are in the person's home, that their privacy is respected at times." Another staff member said, "For me, it's all about making sure people are given a choice, by doing this it makes them feel respected and important."

People's care records were treated respectfully when stored in the provider's office. Locked cabinets were used to ensure people's records could not be accessed by unauthorised people.

Requires Improvement

Is the service responsive?

Our findings

Prior to using the service, an assessment was carried out to ensure that people's needs could be met by staff. However, the information gathered from these assessments did not always result into detailed, individualised, person centred care plans. We were told by the field care supervisor that people's care records were in the process of being re-written. They had acknowledged that the information within them was not always sufficient to ensure that people received a personalised service.

The care plans that were yet to be re-written contained little individualised guidance for staff to support people with their specific care and support needs. This included areas such as their medicines, nutritional requirements and their home environment. In some cases we saw the care plans were duplicated for people who had varying care and support needs.

However, we noted the care plans that were in the process of being re-written, did contain more personalised information about people's individual care needs and we were assured by the field care supervisor and the nominated individual that once re-written, all care records would contain much more detailed and personalised information for each person.

Although lacking in some areas, people's care records did contain a good level of detail in order for staff to support people with their daily routines, such as; when they liked to get up or to go bed, the clothes they would like to wear and the times they would like their meals. A relative told us about their family member's daily routine and they said, "A new care package is in place and the morning and afternoon calls are working fine." The staff we spoke with told us they felt the care records contained enough information for them to be able to support people with their preferred daily routine.

People did not raise any concerns with us about the way their personal care was provided by staff. One person said, "I go in the shower and the carers are there to make sure I don't fall." People's care records showed they had been asked whether they wanted a male or female member of care staff; no issues were raised regarding this. However, more information was needed within people's records to ensure their diverse needs had been taken into account when care was planned for them.

Limited information was available for staff when supporting people living with dementia. The provider information return (PIR) sent to us by the nominated individual before the inspection, stated that 39 of the 50 people using the service at the time they wrote the PIR were living with some form of dementia. However, there was limited, individualised guidance within people's care records for staff to provide effective and responsive care and support. Staff told us they felt confident when supporting these people, however the lack of specific guidance on how staff should respond to and support people living with dementia could result in inconsistent care and support being provided. The nominated individual acknowledged that more needed to be done to ensure the documentation in place to guide staff was appropriate to each person's health and welfare.

The majority of the people supported by the service did not receive assistance with their hobbies or interests

as part of their care package. However, some people spoke positively about the staff, stating they took an interest in the things that were important to them. One person said, "The carers will sit and chat with me, and we go for a ten minute walk and then they make me a cup of tea." A relative said, "Sometimes in the afternoon the carer will take [name] out for a walk if they want to go."

People and their relatives were provided with the information they needed if they wished to make a complaint. We saw people were provided with a service user guide that explained the process for reporting concerns internally, but also to external organisations such as the CQC or the local authority.

The majority of people and their relatives told us they felt confident their complaints would be acted on by the service. One person said, "Sometimes if I think different about something to do with my care then, we have the office out and they listen to me." Another person said, "I haven't made a complaint, but I would speak to the office if I needed to." However, some have raised concerns that their worries about the regular changing of care staff are not always acted on or responded to appropriately by the provider.

We looked at the service's record of complaints and saw processes were in place to ensure the formal complaints were dealt with in line with the provider's complaints policy.

Requires Improvement

Is the service well-led?

Our findings

Records, and our discussions with the registered provider, showed us that not all notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered provider did not have a full understanding of their role and responsibilities.

This was a breach of Regulation 18 of the Care Quality Commission Registration Regulations 2009 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A registered manager had not been in place since March 2017 prior to the inspection of this service. The nominated individual told us that during this period they had two managers in place however both, had proved unsuitable to their role. They told us they had recently recruited a new manager who they feel has the relevant experience and they are sure will offer stability to the service. They also told us they would ensure the new manager registered with the CQC immediately.

However, it is clear that this period of unstable management has led to the issues highlighted within this report. Quality assurance processes were not effective in highlighting poor care planning and risk assessments, which increased the risk of people receiving poor quality care. Staff, until recently have felt the lack of consistent management had hindered their ability to carry out their role effectively.

The provider did not ensure robust quality assurance processes were in place to monitor and assess the quality of care provided for people. This was an example of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

The nominated individual told us, that before our inspection they had identified that support was needed to help improve the quality of the service. They subsequently recruited an external consultant to help advise them on how to make improvements before the new registered manager started working at the service in August 2017. We spoke with this consultant during the inspection. They explained their role and how, over the next six weeks they would be working with the nominated individual and the office staff to ensure the systems were in place to make sustainable improvements to the service. They told us their aim before they left was to hand over an effective service to the new registered manager and to have improved quality assurance systems in place that would help address the issues raised within this report.

People told us they had a good relationship with the office staff; however some were aware of the issues relating to the recent frequent changes of manager. One person said, "There isn't a manager, hasn't been one. I hope they are interviewing so we get one." Although some people had raised some concerns about this service, the people we spoke with were satisfied with the service provided and would recommend the service to others. One person said, "I have no problems with these carers so yes I would recommend them." Another person said, "I would recommend the agency and so would my family members' My family member is very pleased with the care that I receive."

People were offered the opportunity to comment on how the service could be developed and improved. The nominated individual and the field care supervisor had recently started going out to see people in person to talk with them about the service and how they could help to improve things for them. People were asked questions about whether they were treated with dignity, whether they felt safe when staff were supporting them, whether their independence was encouraged and if they staff were kind and compassionate. The nominated individual told us they felt the more personal approach to obtaining people's views would help in this recent unsettled period.

Staff told us that although they had experienced difficulties over recent months with the instability in terms of the management of the service, they did feel their views were welcomed on how the service could improve. One staff member described the office staff as "supportive" and another said, "I can speak to [nominated individual]. He listens." We did note staff meetings were not carried out very frequently. Although there had been a team meeting in July 2017, there had not previously been a meeting since November 2016. The nominated individual told us this was the result of the management situation at the service, but was confident when the new manager started, these meetings would happen more frequently.

People were supported by staff who understood the whistleblowing process was in place. A whistleblower is a person who raises a concern about a wrongdoing in their workplace or social care setting. The staff we spoke with felt able to report any concerns they had to the registered manager of the provider.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Regulation 18 (2) The registered person failed to notify the Commission without delay of incidents specified in Regulation 18(2) of the Care Quality Commission (Registration) Regulations 2009

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Safe care and treatment 12.—(1) Care and treatment was not always provided in a safe way for service users. 12 (2) (a) the registered person did not always effectively assessing the risks to the health and safety of service users of receiving the care or treatment; 12 (2) (b) the provider did not do all that was reasonably practicable to mitigate any such risks.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Good governance 17 – The registered person did not ensure (2) Effective systems or processes were always in place to enable the registered person, in particular, to—

(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);
(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;
(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;