Tynedale Care Ltd

Tynedale Care - Unit 1 Burnhaugh Estate

Inspection report

Unit 1 Burnhaugh Estate
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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

Overall summary

Tynedale Care - Unit 1 Burnhaugh Estate is a domiciliary care service, providing care to people in their own homes. At the time of the inspection the service provided care to around 200 people.

This inspection was carried out over four days. We visited the agency office on 24 and 29 June 2015. We also visited people who used the service, in their homes on 14 and 16 July 2014.

The inspection was announced. At the last inspection, in July and August 2014, we found the provider was not meeting three of the regulations we inspected, relating

Summary of findings

to; safeguarding people from abuse; staff training; and assessing and monitoring the quality of service provision. At this inspection we found improvements had been made and the breaches in regulations had been met.

A registered manager was 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.

People's medicines were not always managed in a safe way. Records were not fully completed detailing the medicines people had taken. Care plans were not always in place for medicines to be administrated appropriately, resulting in one person taking two medicines at the same time, against pharmacist advice. Appropriate timeframes between administration of some medicines were not followed, meaning some people received their medicines without a long enough gap. We saw from one person's records that staff had not administered their medicine on two occasions. Systems were in place to monitor the usage of medicines but these internal checks had not identified the concerns which we found.

People told us they felt safe with staff from the service. Management staff and care workers had undertaken training in keeping people safe from potential abuse. When concerns had been raised by staff these were promptly shared with the local authority.

Contingency plans were in place to minimise the risks of the service not being able to run in the event of poor weather or staff shortages. Staff had access to company vehicles in the event of theirs breaking down. Four of the vehicles were 4 x 4, enabling rural locations to be reached in the event of snow or flooding.

There were enough staff to carry out the visits to people's homes. However, the registered manager acknowledged that a shortage in care workers and scheduling staff contributed to poor timekeeping and staff arriving late for visits to people's homes. They advised us they had recently recruited 24 new care workers and four new schedulers to meet these pressures.

People told us staff were sufficiently skilled to care for them and meet their needs. A set of training requirements had been identified by the company as necessary for staff to undertake their roles safely. Training completion in these areas was at 80%. Staff were able to attend training sessions in these areas on a weekly basis,

Staff were given opportunities for further training and development. Some staff were working towards a diploma in health and social care or undertaking distance learning in areas such as dementia or end of life care. All new care workers attended induction training and shadowed experienced staff before they were able to work alone.

Yearly appraisals were undertaken and observations of staff conduct and practice were held throughout the year.

People told us staff were kind and caring. They described good relationships with the care workers who usually carried out their care and how staff treated them and their home with respect.

People had been included in planning their own care. Individual preferences and choices had been documented within care records and people confirmed these choices had been respected.

Whilst people had been given information about what to expect from the service, they were not always informed which staff members would carry out their visits. The manager told us this was due to the workload in the office, but hoped they would be able to provide visit rotas again when new office staff commenced their roles.

Care records were individual and personalised. They contained specific information about how staff should deliver people's personal care. Where staff had noted people's needs had changed, care plans had been updated. Staff told us the office communicated information about people to them well. People told us the service was responsive to any changes in the service that they requested, such as changing the times of their visits.

People told us their care was usually carried out by a small team of care workers. Staff told us they did occasionally carry out care to people they had not met before, but said they were able to get the information they needed on how to support the person through care plans and speaking with office staff.

Summary of findings

People's views on the service were encouraged. People were asked to complete a survey about the care they received, twice a year. We saw the response to the most recent survey had been positive.

Complaints had been recorded, investigated and responded to. The service had received four complaints in the previous 12 months, and had followed the complaints procedure by resolving these within 28 days. The service had received nine compliments in the previous 12 months.

The registered manager was supported by a team of staff in the day to day running of the service. People and staff told us they were always able to contact the office whenever they needed to. However, some staff advised us that communication about rota changes was poorly managed. One staff member described being told at late notice that they had been assigned a visit and another staff member told us the office did not always record when staff informed them they were unable to work. Both of which could result in people not getting their care.

Quality monitoring systems had been improved since our last inspection. The service people received and staff conduct was monitored through regular review meetings and observations which were planned in advance to ensure they were carried out on time.

The manager told us about future plans to improve the service, including employing a general manager who would be responsible for compliance with policies and procedures and quality monitoring.

We found one breach of regulations. This related to safe care and treatment. You can see what action we told the provider to take at the back of the full version of the 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.

We found concerns over the way medicines were managed. Records were not complete and medicines had not always been given as prescribed.

Managers and care workers had undertaken training to minimise the risk of potential abuse.

Contingency plans were in place to minimise potential disruption in the event of poor weather.

There were enough staff to carry out people's planned visits. However, the manager acknowledged that staff shortages contributed to late attendance at some visits. We were told both care workers and office staff had been recruited to meet this shortfall.

Is the service effective?

Good

The service was effective.

The majority of staff training was up to date. Staff were given opportunities for undertaking training in their areas of interest and to further their development.

Staff met with their manager for appraisals and observations of their delivery of care.

Is the service caring?

Good

The service was caring.

People told us staff were kind and treated them well.

People had been included in planning their own care. Care records documented people's preferences and choices.

People were not always informed in advance of which staff would carry out their care. The manager told us steps had been taken so they would be able to provide visit rotas detailing this information.

People were encouraged to be independent.

Is the service responsive?

Good

The service was responsive.

Care records were clear and detailed. Where people's needs had changed care plans had been updated to reflect this.

Summary of findings

People told they usually had the same small team of carers to carry out their visit. Staff told us when they visited a person for the first time, they knew people's needs and how they should care for them through care plans and speaking to office staff.

People and relatives' feedback was encouraged through reviews of care and a satisfaction survey. Complaints had been investigated and responded to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Some staff advised that last minute changes to rotas were not well managed.

A registered manager was in place.

Quality monitoring systems had been improved since our last inspection. Audits were carried out on records, as well as meeting with people to discuss their service and observing staff.

The manager told us a newly recruited staff member was being given the role of monitoring compliance and quality to ensure processes were robust.

Tynedale Care - Unit 1 Burnhaugh Estate

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 improvements had been made to the service provided and if the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. In addition, this inspection was carried out to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the agency office on 24 and 29 June 2015. We also visited people who used the service, in their homes on 14 and 16 July 2014

The inspection was carried out by two inspectors and a specialist advisor. Specialist advisors are clinicians and professionals who assist us with inspections. The specialist advisor on this inspection was a registered nurse who specialised in governance. After the inspection two expert-by-experiences telephoned people who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed the PIR and other information we held about the service prior to our inspection. This included reviewing statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

We reviewed information we had received from third parties. We contacted the local authority commissioning and safeguarding teams. We also contacted the local Healthwatch. We used the information that they provided us with to inform the planning of this inspection.

During the inspection we visited four people in their own homes. We telephoned 21 people who used the service and seven people's relatives. The service was run by two joint managers, one of whom had registered with the CQC as the registered manager. We spoke with both joint managers, the nominated individual, the operations manager and seven care workers. We reviewed seven people's care records including their medicines administration records. We looked at nine staff personnel files and a range of other records in relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed in a safe way. We looked at the systems in place and found concerns with the administration, care planning and recording of medicines. Medicine Administration Records (MARs) were in place where staff supported people with their medicines. There were a number of gaps on the MARs where staff had not signed to show people's medicine had been administered, or noted a 'reason code' as to why the medicine had been omitted. Over an eight week period, one person receiving a once weekly medicine had five unsigned gaps on their MAR. This meant it was unclear whether people had been given their prescribed medicines.

We looked at seven care records and saw there were no care plans relating to people's medicines. We spoke with one of the joint managers who told us that they had not found it necessary to write medicines care plans as information was recorded on the MAR about how the medicines should be administered. However, one person's MAR indicated that two medicines they received should not be administered within two hours of each other. The MAR showed that these medicines were administered by staff at the same time. The manager acknowledged that a medicines care plan would increase staff awareness of instructions relating to medicines administration.

We found two medicines errors where antibiotics had not been administered as prescribed. One person had been prescribed antibiotics, to be taken twice a day, for three days. Their MAR showed gaps where we could not determine if the medicine had been administered as prescribed. However, we noted that staff had signed to state they had administered this medicine on a fourth day when none should have been left. This person had then been prescribed further antibiotics, a few days later. Again their MAR showed gaps in administration and had signatures at a point where no tablets should have been left, if they had been given as prescribed. This meant the person's antibiotics may have been less effective as they were not given at the frequency prescribed. We saw the gaps on this person's MAR had been highlighted as part of a MAR audit, but it was unclear what action had been taken in relation to the situation.

One person was prescribed pain relief which could be administered up to eight times within a 24 hour period. We spoke with the manager for operations who delivered medicines administration training who told us there should be a gap of at least four hours between administering this pain relief. The MAR showed that over a period of 22 days pain relief had been provided with an interval of less than four hours on nine occasions. On three occasions there was a gap of only two hours and thirty minutes between administered doses.

This was a breach of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager of operations advised that she had already noted some issues with medicines and showed us a memo sent to all staff advising them that medicines refresher training needed to be undertaken as a priority.

We asked all 25 of the people we spoke with if they felt safe when supported by staff from the service. All of the responses were positive. People told us they trusted the care workers in their home and that they felt safe when they visited them. One person said, "I feel very comfortable with them." Another person said, "I feel very safe with them, no problems, everyone is brilliant." A third person said, "I feel safe with them all, both male and female."

At our last inspection of the service we identified a breach of regulations relating to the systems in place to protect people from the risk of potential abuse. Following that inspection the provider sent us an action plan detailing how they would make improvements. During this inspection we saw action had been taken to make these systems more robust.

Both of the joint managers of the service had attended safeguarding alerter training provided by the local authority aimed at senior staff who would be responsible for determining if any concerns staff raised met the safeguarding criteria. Staff had undertaken training in how to recognise signs of potential abuse and how they should respond. Staff we spoke with were able to tell us about this training, and talked us through the appropriate response, should they have any concerns. Safeguarding records showed that where staff had reported concerns these had been discussed, shared promptly with the local authority and records detailed any investigations or actions carried out.

Arrangements were in place to protect people from potential financial abuse. When staff supported people by making purchases on their behalf, such as groceries from

the local shop, they were required to attach a receipt to a finance monitoring record within people's care records and ask people to sign the record. These records were checked at least once a year during reviews of care. We put it to the manager that it would be difficult to monitor issues with purchases which were up to a year old. They acknowledged this and said they would look into reviewing these finance records more frequently.

Risks to people and staff had been assessed. Assessments had been carried out to identify risks to people when receiving care and how they had been reduced or mitigated. For example, assessments detailed potential risks related to people during moving and handling and detailed that appropriate protocols should be followed. Risks to staff, specifically related to delivering care in people's homes had also been assessed, such as the location of the visits.

Accidents and incidents were recorded and monitored and appropriate action taken by the provider, where necessary.

The provider's contingency plans identified people at high risk if services were disrupted, due to poor weather or a staff shortage, and detailed what actions would be taken. People who received help with meals, required help to get out of bed or lived alone were classed as high risk who must receive a visit. The service had a fleet of 12 vehicles which staff were able to use in the event of staff's own vehicles breaking down. Four 4 x 4 vehicles were available to support access to the most rural homes in the case of bad weather.

There were enough staff to carry out the planned visits to people's homes. Managers told us that in the previous three months there had been one missed call, where staff did not attend a planned visit. This had been due to a staff member not advising the agency office staff that they were unavailable. People confirmed the service always attended their visits. Two people told us that they had once experienced the staff not turning up without being informed, but that this was some time ago. However, approximately half of the people we spoke with told us that staff from the service were frequently late and that the service was unreliable. Their comments included; "Hard to stick to times, but never not come"; "They are often late. Sometimes they ring but not always"; "You can't depend on the time. There is no communication"; "It seems to have got worse recently; they are rarely on time" and "They are often late but they do let me know if they are not coming."

We spoke with seven staff who confirmed they frequently arrived later than the specified arrival times. They told us this was due to picking up extra visits to their usual rotas, to cover staff sickness or additional referrals.

When we spoke with one of the joint managers about this feedback they told us that some lateness was due to staff getting caught up with previous visits or because of traffic in the rural area. However, she also said an influx of referrals from the local authority, which had to be responded to within a short period of time, meant frequently amending rotas to ensure all visits could be met. She acknowledged that these rota changes had an impact on staff arrival times. She said that whenever possible people were contacted to let them know staff were running late, but sometimes this was not possible if office staff were busy with other tasks. She told us the service had recruited 24 new care workers and four new scheduling staff to ease the pressure on the current staff team and to improve the timeliness of the service. New scheduling staff would have capacity and training to be able to monitor staff visits, utilising the electronic system which staff used to log in and out of people's homes, to improve the timekeeping of visits.

The recruitment records for nine staff showed that recruitment practices were thorough and included applications, interviews and references from previous employers. Checks had been undertaken with the disclosure and barring service (DBS) as to whether applicants had a criminal record or were barred from working with vulnerable people. These checks were carried out to ensure only suitable people were employed by the service.

Good

Is the service effective?

Our findings

All of the people we spoke with they felt that staff were sufficiently skilled to be able to care for them and meet their needs. One person said, "Yes I think they are properly trained, we haven't had one carer who has been abrupt or unable to do their job, they make a real fuss of him." Another relative said, "They definitely seem well trained." Other comments included 'very skilled" and "very qualified."

At our last inspection of the service we identified a breach of regulations relating to staff training, appraisals and supervisions. The provider wrote to us and set out the actions they were planning to take to address the breach. At this inspection we found improvements had been made.

The service had identified a set of training requirements to ensure staff were competent to carry out their roles. This training included administering medicines safely, moving and handling, health and safety, food hygiene and safeguarding people from abuse. Training was delivered face to face by the manager for operations, who was a certified training instructor. Training was delivered two days a week and the dates each course was being held were shared with staff through a staff newsletter which they received monthly with their payslip.

The training overview for the service indicated most staff were up to date with their required training. The service had set timeframes for when they expected staff to attend refresher training or undertake the training again. For example, moving and handling training needed to be completed once a year but food hygiene training was only required every three years. Approximately 80% of staff were up to date with their required training.

Most staff training, where not up to date, had only recently expired. However, we did note one member of staff had not undertaken training in moving and handling, health and safety, or safeguarding since 2008 and two others had not completed any training since 2012. Records showed these staff had discussed their training needs in supervision sessions, and agreed to a plan to undertake the required training. However, despite these conversations taking place five months before our inspection, staff had not arranged to attend the training. The manager for operations said, "We've tried to give ownership of the training to staff. We wanted them to be in charge of their development. They know when each training is planned, if they let the office know they'll be taken off calls and freed up to attend the training. We pay them for it. But we know it hasn't always worked. We know that we need to take more control and make sure training is up to date. We're working through each of the courses at the moment. Getting in touch with staff and telling them they need to attend by a certain date." She showed us communications with staff informing them that they needed to attend training.

Staff had also undertaken training in areas such as communication, confidentiality, and record keeping. Approximately 75% of staff had undertaken this training.

Most staff had been awarded, or were working towards, diplomas in health and social care (or had the equivalent qualification through an NVQ). The manager for operations said, "We've always set high standards for training. We expect all of our staff to undertake a health and social care award so we know they have got a better understanding than just knowing the basics."

Some staff had been supported to access in-depth training specifically related to the needs of the people they care for, including dementia care and end of life support. Other staff were undertaking training around mental health issues. The manager for operations told us this training was ongoing, and that all staff were asked about the areas they were interested in and were encouraged to do additional training. They said, "We expect staff to continuously learn and provide lots of opportunities." Five of the seven staff we spoke with confirmed they were either working towards a health and social care award or carrying out distance learning, the other two staff were very new to the company.

New employees to the company attended induction training which covered the required modules and company policies and procedures. The operations manager was aware of the introduction of the care certificate, a standardised induction programme for staff who are new to care work. They told us, "Because we've always had a thorough induction we only needed to add a few bits in to the induction we have always offered. All staff get the same training, irrelevant of whether they are starting in care or have worked for a long time. They all get the training as detailed on the care certificate." Staff we spoke with confirmed they had attended an induction before

Good

Is the service effective?

commencing their roles and were able to describe the different training elements it included. One staff member said, "The induction was good, we got a lot of information but it was good to get it all done at once."

New staff shadowed experienced care workers before they worked on their own. One person said, "They seem to be trained well, they came with a trainee carer once, she appeared to have the basics and was very polite. She seemed very interested in learning the job." A staff member said, "I did about three weeks with another staff member at the start. I'd worked in care before but it was good to learn the ropes with these staff."

At the last inspection we had found that staff did not routinely meet with their manager for supervision sessions or appraisals. At this inspection we found that all staff who had been employed by the service for over a year had attended an appraisal session. Detailed records had been kept of the appraisal. Staff had been asked to complete questions about their performance, how they felt the service was run and how it could improve, before they met with their manager. Both manager and staff feedback had been recorded, showing the appraisal process to be a two way conversation. Staff had been awarded a rating on their performance and discussed a development plan for the coming year.

In addition to appraisals the provider undertook direct observations and spot checks at least three times per year. Records showed all staff who had been working at the service for longer than 12 weeks had been observed at least once, and most staff had been observed twice. Spot checks were unannounced meetings, held at people's homes where supervisors observed staff practice, including time keeping, appearance and care delivery and fed back their findings. Staff were also given the opportunity to discuss the care they delivered. Observations were more in depth and staff were given notice of these. They included an assessment of staff competency in medicines and feedback on how they carried out their role.

People's needs were monitored and when they changed the provider had made prompt referrals to healthcare professionals, as well as providing a flexible service to meet people's changed needs. Care records showed staff considered people's health and wellbeing during their visits. Where people appeared or expressed that they were feeling unwell staff contacted their GP or, where necessary, an ambulance. One person's records showed that when they were unwell, staff on their morning visit had requested for the GP to visit their home. They had also spoken with staff in the agency office who arranged for an additional visit to their home a few hours after their morning visit, so staff could check on how the person was and if the GP had left a prescription. On the same day another additional visit was arranged to collect the medicine the GP had prescribed and administer it to them.

Staff told us that where they had reported that people's needs had changed the agency office had acted swiftly in making referrals to healthcare professionals. One member of staff said, "One client was having problems with their wheelchair and commode. I called the manager and the same day the OT [Occupational Therapist] came out to sort out the commode. The wheelchair took a bit longer because it was an outside agency, but everyone had been contacted, and quickly too. I was impressed with that." Another member of staff told us a multi-disciplinary meeting was planned, at the request of the service when they fed back that one person's mental health needs had changed. They said, "They are really good at listening to our opinion when it's about the client's health."

Good

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, "They are very caring, they do anything for me. They are very good when they help me." Another person told us, "They are so easy to get on with; they sit and chat with me as well." A third person said, "I think they are very caring, I have a good laugh with most of them."

People told us they had built up a good relationship with the care workers who visited them regularly. They told us that staff knew them, and their needs well and three people told us, "Staff will do anything for me." One person said, "The carer makes sure I am comfortable, always asks me if I want anything to eat, and will always make me a cup of tea. This morning he brought me my tea but couldn't find the biscuits, he knows I like a biscuit with my tea. He came and asked me where I had put them as he couldn't find them. We have a laugh and he makes my day easier." A relative told us, "Staff are very caring. When [my relative] was in hospital they sat with her at my request." People's comments were collected during staff observations and spot checks to monitor their performance. We saw some of the feedback detailed staff going out of their way to make sure people were well cared for. One piece of feedback stated, '[Person using service] stated [care worker] is a joy to have as a carer. She gets on with what there is to do and is a lifeline to the outside world as she doesn't go out anymore. She is always cheerful. Today [care worker] actually swapped two hours of visits around so that she could visit [Person using service] and light their fire, as it was snowing and temperatures were freezing.'

People had been included in planning their own care. We saw their views and preferences had been detailed within assessments and care plans. For example, we saw all people who used the service had been asked whether they wanted to be supported by a male or female carer. This information had been detailed and we saw from rotas and daily care records these requests had been met. One person told us, "I prefer males because of the things they do to help me. I've never had a female staff visit." We saw information had been recorded about people's likes and dislikes, such as the way they took their tea or the foods they did not enjoy, when their care package included food preparation.

People had been provided with information about the service. All of the people we spoke to told us their care records were kept in their own home and that they could look at them at any time. People told us an information leaflet about the service was included in their care files detailing important telephone numbers for the agency office and what they should expect from the service. Information had also been provided to people about how they could make a complaint if they needed to.

People we spoke with told us they were not told in advance which staff member would be attending their visit. People's comments included; "You never know who will walk through the door" and "Its pot luck, but they are all very nice and I know most of them." We spoke with the joint managers about this and they told us they used to provide people with a rota with the planned staff due to attend their visits, on the understanding it may be subject to change if staff were unexpectedly unavailable. She told us that following a change to their contract with the local authority more short notice referrals meant rotas changed on a frequent basis so rota information was no longer provided to people. The registered manager said, "Not everyone wanted it anyway, but we did have a list of people who liked to know that. If people ask us for it, we'll still try and do it. Two people asked last week, so we've started giving them a list again. Once our new schedulers start we should be able to provide rotas again anyone who wants it."

People told us they were encouraged to be independent. One person said, "The staff help me with things like having a wash, but they know that I'm not completely incapable, so they'll help me in the shower, but they'll pass me the flannel so I can do that myself." We saw from care records that staff were given information about what people were able to do by themselves and given instructions to support people to manage as many of their care needs for themselves.

People told us staff treated them and their home with respect. One person said, "Staff let themselves in, but they'll always shout when they come in. They don't sneak up on me or give me a fright." Other people told us how staff knocked on their doors and waited to be called in before they came into their homes.

Good

Is the service responsive?

Our findings

People told us that the staff met their needs. One person said, "The staff are good. They sort me out." A relative said, "The staff always complete their tasks." A majority of the visits the service carried out were 30 minutes or less and a number of visits were allocated 15 minute appointment times. Some of the people we spoke to remarked that staff were rushed, but all of the people and relatives we spoke with told us staff completed their personal care. One person said, "They are always so busy, but they don't rush us." Another person said, "They are always in such a hurry. They do what I want and then they are off."

Care records showed that the care planned for people was based on their individual needs. When people began using the service their needs were assessed by one of the managers. They visited the person in their home and carried out assessments to determine the level of care and support they would need from staff. They then prepared a care plan for people which stated how staff should provide their support.

Care plans contained specific information about how staff should deliver people's personal care needs. We saw they did not simply list tasks but were written in a way to ensure staff had information about how people's care should be delivered, not just what should be delivered. For example, we saw one care record which stated, "Medicines are to be separated into two pots and taken to [Person using service] who will be in bed. Carer to lock the medication safe. Carer to offer one pot of tablets to [Name of person] first. Once these have been taken go and sign the care plan paperwork. This allows [Name of person] time to digest the first lot of tablets. Carer to then go back and administer the second pot of tablets." Staff told us these care plans were reflective of the care they needed to deliver. One staff member said, "The care plans are really quite helpful, they are quick to read and it tells you basically what you are to do it. They're what I call idiot proof."

When people's needs had changed care plans had been updated to reflect their new needs and information had been shared between the staff team who visited the person. Archived care plans showed new care plans had been created when people's mobility had declined, or their needs had changed following a hospital stay. Staff told us that when they reported changes in people's needs that the agency office staff were quick to respond. One staff member said, "There is good communication between staff. If we are finding that visit times don't suit people, if we're always taking longer than the planned times, then we'll tell the office and they'll speak to the care manager to see if they can get us more time."

Staff told us that where people's needs had changed, for example, if they were ill or if they had been prescribed a different medicine, that this was communicated well to them by the agency office staff. One member of staff said, "If there is anything different with any of your clients the office let you know. They'll text us or give us a call if it's more complicated. On the whole they are pretty good at that."

As well as updating care plans when their needs had changed, people's care was reviewed at least once a year. Managers of the service visited people to assess their needs, discuss their care and make amendments to their care plans. All of the care records we looked at, where people had been using the service for over a year, contained records relating to this assessment of their needs. People's feedback on the service they received had been detailed. Where people had expressed dissatisfaction, or requested changes, these had been noted along with action points to undertake. For example, we saw following reviews staff had been spoken with to remind them about expectations of documenting the care they delivered, or care plans had been re-written to be more specific.

People told us the service was responsive to any changes they requested. One person said, "If it doesn't suit me that they come one day, or I need to change the times that they come, I'll just ring and ask. They do it for me no problem." People told us that if they had contacted the agency office to request that a particular member of staff did not visit them again, that this was actioned immediately. One person said, "I just didn't get on with one of the lasses. I told the office and it was sorted. She hasn't been back since." The registered manager told us the scheduling system they used to plan all of their visits allowed them to put 'exclusions' on certain staff so, if requested, they would not be scheduled to visit specific people.

People we spoke with told us staff knew their needs. They told us they had usually met their carers before, as their care was delivered by a small team of staff that they knew, although at times new carers did visit their home. One person said, "I get a usual bunch of girls." Another person said, "They are a good set of lads. I look forward to them

Good

Is the service responsive?

visiting." Staff told us that the majority of their visits were regular calls to people that they knew, but that when covering for staff who were not working, due to sickness or annual leave, they did carry out visits to people without having met them first. Staff told us that in these cases they always read people's care plans, to ensure they knew what care was expected of them, and that they often spoke with office staff before attending the visit, to get an understanding of people's needs before they arrived at their home.

We reviewed complaints and compliments records for the service. Four complaints had been received in the previous 12 months. A complaints log recorded summary information about the complaint, such as when it had been received, by who, brief details about the complaint and at what stage of the complaints process it was at. This overview made it easy to see why complaints had been received, and how quickly they were responded to and investigated. All four of the complaints recorded had been responded to within a timely manner and resolved within 28 days, in line with the complaints policy.

People we spoke with were aware of how to make a complaint. All of the people we asked told us they had a copy of the complaints procedure within the information they had been given about the service, which were stored within their care records in their home. Two of the people we spoke with told us they had made a complaint and that they had been satisfied with the response. Other people's comments included; "I've never had reason to make a complaint" and 'I do know how to complain, but have never needed to in the past."

The service had received 14 compliments in the previous 12 months, in the form of thank you cards and letters. Comments in the compliments included, "I will always be very grateful for the devoted care and attention [Person who used the service] received from your staff, who looked after them so conscientiously, caringly and lovingly."

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection a registered manager was in place. The registered manager shared responsibility for the overall day to day running of the service with a joint manager. They were supported by a range of other staff within the agency office. The manager for operations was in charge of training and monitoring the quality of the service and a number of care coordinators, managed staff, responded to people's queries and planned people's visits. The registered manager, joint manager, manager for operations and the provider were in attendance during our inspection and assisted us with our enquiries.

At our last inspection of the service we identified a breach of regulations relating to assessing and monitoring the quality of the service. The provider wrote to us and set out the actions they were planning to take to address the breach. At this inspection we saw evidence that work had been undertaken to improve the way the service was managed, however, some further improvements were required.

People and staff told us they were easily able to get in touch with the agency office. People were given a telephone number which they could use to contact the office at all times. This number was answered by office staff during the day and by a team of on-call care coordinators outside of office hours. Calls were monitored to ensure they were answered in a timely way, and recorded so they could be played back at a later date if they were required following any queries or investigations. Staff told us it was helpful to be able to contact the office at any time. One staff member said, "They management are quite supportive, they've never been more than a phone call away if I want to check something. They are always happy to help over the phone, I've called up with things that are probably stupid questions, but they are always happy to talk you through anything you need."

Some staff told us that communication about their rotas was poor. All seven staff we spoke with told us their weekly rota for visits regularly changed. Four staff told us this was managed as well as could be expected when the service was responding to new referrals or unexpected staff sickness. However, three staff described times when communication about visits could have impacted on the service people received. One person said, "It's been a bit hectic recently. They've had to cover some staff who haven't been able to work. But they do get in touch to let you know when your rota changes. Calls just aren't put on your phone, that doesn't happen." However, another staff member told us that in the past week they had a visit to one person allocated to them on their day off and they had not been telephoned to check that they could undertake this extra work. Information about the visit had been sent to their work mobile phone and to their email, however due to poor signal they had not picked up the information on their phone. They told us they did not normally check their emails on their day off, which could have resulted in a missed visit. A manager for the service told us in response to this feedback that changes to rotas were uploaded to staff's company mobile phones, and that emails were sent as back up if a carer cannot be contacted. They told us it was staff responsibility to check their phones at the start of a shift. A manager explained that visits would not be scheduled for staff's days off without confirming over the telephone that they were able to work this day.

Another staff member described a recent incident where a care worker had informed the agency office that they were unable to attend a visit, but had still been scheduled to work it. They said, "I was doing a double up with another carer last week. I saw them call up and tell the office they couldn't work a shift. But then the day before I was due to go back I saw I'd been assigned to work with that staff member. I told them that they weren't able to work, so they were able to arrange another carer."

The manager for operations told us that staff meetings were planned in small groups of staff who worked within the same area and cared for many of the same people. We were told this meant that meetings could be more meaningful to staff as it allowed discussions about both operational and staffing issues, as well as being able to discuss the support individual people received. The manager for operations was able to show us minutes from two of these meetings, where in total 13 staff had attended. They told us they were confident more meetings had been held but that minutes had not been prepared by the care coordinators who chaired the meetings. Five staff out of the seven we spoke with told us they had attended a staff meeting within the previous six months.

A staff newsletter had been in operation since August 2015. It was sent monthly to staff and contained information

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about training, future plans for the service and key messages. It encouraged staff to get in touch with any ideas or concerns they wanted to bring up with management team.

Since our last visit improvements had been made to the systems in place to monitor the quality of the service provided. Quality assurance tools were now planned in advance. Staff observations had been scheduled for the following 12 months to ensure all staff were observed at least three times a year. Visits to people's homes to assess their needs and discuss the care they received were also planned on a rolling 12 month basis. We saw everyone who had used the service for over a year had been visited by a manager or a care coordinator to discuss their views on the service.

People were regularly asked to share their experiences of receiving care to make improvements to how the service was run. Staff observations were held in people's homes and their feedback was recorded about staff practice, conduct and manner. This feedback was used to discuss staff training and development needs. Documentation from yearly assessment visits showed people had been asked their views on the staff who supported them, their experiences with the agency office and if there were any ways they thought the service could improve.

In addition to speaking with people, they were also asked to complete a satisfaction survey twice a year. The last survey, sent out in April 2015, had been returned by 100 people. The results were very positive. People had been asked how satisfied they were with the service, 90 had responded 'very satisfied' and another four had said 'fairly satisfied'. People who had stated they were not satisfied were contacted to discuss their concerns. Of the other questions asked 98% of the respondents said they were treated with dignity and respect, 91% said staff had the right skills to meet their needs and despite people's responses to our questions about timekeeping, 88% had said they were happy with staff timekeeping.

Care records were regularly reviewed to ensure they were accurate and complete. During staff observations and assessment visit care records were audited to check whether entries had been made to the expected standard, and that documentation, such as daily entries and food and fluid charts had been properly completed. Where audits identified areas for improvement, actions had been carried out to address it. For example, we saw following these checks that staff had been spoken with about their standards and one staff member had received further training. In addition to these documented systems to monitor the standards of record keeping, records were also checked more regularly in an informal way. The joint managers told us records were reviewed when staff brought completed records from the files in people's home and into the office for archiving. However they explained there was no agreed timeframe around how often this was expected. The registered manager said, "It depends on people's packages. If we go in a few times a day, their file will fill up quicker so staff might bring those records in monthly. Whereas if we go less often it might not be until three months goes by that they bring them in. It's whenever their file starts to fill up." We discussed that this method of retrieving notes could lead to some notes not being brought in for a considerable amount of time, or records going missing. The joint managers told us they would consider implementing guidelines for staff about when they should return records to the office.

Medicine administration records (MARs) were audited to highlight any gaps in recording, but we could not see what action had been taken once gaps had been identified. The operations manager stated that at that time it was an informal process of speaking with the staff member who had not completed the MAR. However, she had recently updated the medicines policy and was about to implement a new system where recording errors would be dealt with in a more formal way. Staff would be spoken to after each recording error, and if staff had three recording errors in a three month period then it would be grounds for a written warning.

We spoke with the joint managers about the feedback people had shared with us about timekeeping of visits and not knowing which staff members would visit them, in addition to what staff had told us about how changes to their rotas were managed. The registered manager acknowledged that the office staff had been very busy over recent months. She told us, "Some things probably have slipped because of our commitments with the local authority to accept new referrals. We haven't always been able to do the things we want to do, like have the time to give people rotas telling them which staff will attend their visits, or call everyone up if staff are due to be late." She told us the service had recruited a general manager, who was due to start working at the service in August 2015 and who would have a focus on compliance and quality

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assurance. The managers had identified that they needed to recruit more care workers and office staff to meet the demands of the service and that there were plans in place to train eight staff from the office on the electronic system which monitored staff visits, so that they could analyse late calls, missed visits and interrogate the data stored within the system better. They advised us that they believed with these changes they would be able to make improvements to the service overall.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment People's medicines were not managed in a safe way. Regulation 12(1)(2)(g).