Care Quality Commission

Sevacare (UK) Limited

Sevacare - Wolverhampton

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?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

The inspection was announced and took place on 10 December 2015. Sevacare (Wolverhampton) provides personal care to people with a range of needs in their own home. We last inspected the service in January 2014 and did not identify any breaches of legal requirements at this time.

At the time of our inspection there were 125 people receiving the service. There was a registered manager in post at the time of our inspection. 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 said staff from the service on most occasions visited when planned but with some exceptions when staff did not arrive on time. Some people were not confident that the service would consistently ensure calls always took place at the times agreed. The provider was making changes to improve staff deployment to improve the timeliness of the service but further improvements were still required.

Summary of findings

People said overall they felt safe with staff. The staff and managers knew how to escalate any allegations of potential abuse so people were protected. People said they received their medicines in a safe way although there was scope to improve how medicines were recorded when administered. The service checked staff before employment to ensure they were safe to support people.

Most people said established staff were well trained and competent in their work, and there was confidence in staff they received on a regular basis. Some people were concerned when their care was provided by newer staff especially where the person's needs were complex. The provider was looking to improve staff retention and skills. Staff were confident in the level of training they received from the provider but there were mixed views about the support they received.

Staff were aware of people's rights and people told us they asked people for consent at the point they provided their care. The provider had not always ensured people with legal authority consented on behalf of people who lacked capacity, for example to their care plan.

People told us they received the support they needed to eat and drink when this was one of the agreed tasks for the staff. People told us they were confident that staff would support them to access healthcare professionals when needed.

People said staff treated them kindly and said they were caring. People also said the staff listened to them to understand their needs and preferences. However, some people said they did not receive care from a consistent group of staff which had at times compromised the development of good relationships with the staff who supported them.

The provider did have systems in place to gain the views of people that used the service. These systems were not always effective as although people told us they were aware of the provider's complaints procedure, they were not always confident that the provider would address concerns if they had any.

Assessments were undertaken to identify any risks to people who received a service and to the staff who supported them. Systems to check the quality of the care people received were in place and had been developed to address issues stakeholders had raised. Most people said the managers and staff were approachable, with a mixed view as to whether the service was well led, although there was some acknowledgement of recent improvements. Staff views about support they received were mixed but a number were positive about the support they received, and recent improvements.

The provider and registered manager told us about the improvements they were making at the service. Although, some changes had already been made, further improvements were required. The service also needed more time to ensure changes were embedded into practice and sustained.

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

Most people said they received the care they needed but staff were sometimes late, and had in some instances missed calls. People's safety was promoted as staff understood their responsibilities to protect people from the risk of abuse. Risks to people were assessed and managed safely. Staff knew how to give people their medicines safely.

Is the service effective?

Requires improvement

The service was not always effective.

Staff were trained in core skills and knowledge to meet people's needs, although people told us staff changes meant staff weren't always aware of their individual needs. People's rights were protected because staff were aware of how to obtain consent when delivering care. People were supported to access healthcare professionals as required.

Is the service caring?

Requires improvement

The service was not consistently caring.

People told us staff were kind, caring and showed them respect; however, inconsistent staffing arrangements had compromised people's ability to form positive relationships with staff. People said their dignity and privacy was respected and they felt involved in making decisions and choices about how their care was delivered, at the point it was provided. People told us their independence was promoted.

Is the service responsive?

Requires improvement

The service was not consistently responsive

People's needs had been assessed and care plans were in place. Changes in people needs were identified and appropriate action taken. People and their relatives had the information required to raise concerns or complaints should they need to but some people told us their complaints were not addressed or responded to. People were not always kept informed about changes to their care.

Is the service well-led?

Requires improvement

The service was not always well led

People were supported by a team of staff that now felt better supported. Most people said the managers and staff were approachable, although there were

Summary of findings

mixed views as to whether the service was well led, but there was acknowledgement of recent improvements. Systems were in place to monitor the quality of the care people received and the provider recognised and was committed to further improvements they told us were needed.

Sevacare - Wolverhampton

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 10 December 2015 and was announced. The provider was given 48 hours notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service. As part of 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 looked at any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as serious injuries. We sent questionnaires to a number of people about the service they received and staff. We received responses from six people and 13 staff about their views about the service. We considered this information when we planned our inspection.

During our inspection we spoke with five people and 13 relatives of people who received a service from Sevacare (Wolverhampton) by telephone. We spoke with the registered manager, operations manager and 10 care staff. We also spoke with two social care professionals.

We reviewed a range of records about how people received their care and how the domiciliary care service was managed. We looked at five care records of people who used the service, four care staff records and records relating to the management of the service. The latter included records of spot checks carried out by managers on the quality of the service, call records, provider quality checks, complaint records and questionnaires/surveys from people.

Requires improvement

Is the service safe?

Our findings

While some people received their calls on time, other people lacked confidence about how the service deployed and ensured staff arrived as agreed so as to keep people safe. Six people responded to our survey and 83% of them said their visits to provide care in their home were on time. However, all the people and relatives we spoke with raised concerns about people receiving late care visits at times. One person told us, "Time keeping of the carers is horrendous, they never come at the right time, especially at weekends" with comment that calls had been over an hour late on occasion. Another person told us that late calls impacted on their meals though as a late morning call meant they had a late breakfast and dinner only a few hours later as a result. Other people and relatives also indicated weekend calls were later than those in the week. One relative said the agency was, "Always short-staffed" on a weekend but, "They [staff] always come". Another relative told us, "There have been one or two lapses where carers came later than expected". A third relative told us, "Every weekend without fail have to ring up once or twice a day to see who is coming out to [the person], or because they are late". Another relative said they were concerned that some missed calls had meant a person had missed drinks. Relatives told us that when the planned call needed two staff to attend this happened although there was comment from one telling us, "Two carers at a time, on quite a few occasions only one turned up" but did say this had improved recently with the two staff arriving together. One relative did tell us that the timing of the calls was, "Generally good" however and, "In the beginning there was some confusion, but now they are more regular".

The registered manager told us that they had experienced some difficulties with staffing levels since taking over management of the service partly due to staff turnover, and how calls were planned. They told us there was on going staff recruitment, and recent steps had been taken to revise staff allocations so the staff did not have to travel as far between visits. Some people and relatives said there had been some recent improvements in respect of the timeliness of calls people received. Staff had mixed views about whether calls were undertaken on time, some staff saying they had noted recent improvements due to having all their calls in a closer geographical area, whereas other staff told us on weekends it was harder to ensure their calls were on time. The registered manager was aware of these issues and was monitoring and taking steps to improve staff deployment so people received their calls as planned, but acknowledged that further improvement was required.

People said that overall they felt safe with staff. One person said the staff were, "Very careful". People told us they knew how to escalate any concerns they had about their safety. People told us they were aware of statutory agencies they could contact if they had concerns. We saw the agency had a safeguarding policy available and staff were required to complete safeguarding training as part of their induction into the company. Staff were aware of what potential abuse may look like and what steps they should take if they were concerned as to a person's safety, this including contacting social services if they thought the agency was not taking the appropriate action to protect people. We spoke with the registered manager who had a good understanding of local safeguarding procedures. This showed that the staff and management knew how to escalate any allegations of potential abuse to the relevant agencies, so people were protected.

Assessments were undertaken to identify any risks to people who received a service and to the staff that supported them. This included risks due to the health and support needs of the person and their home. Staff we spoke with were well informed about the information these risk assessments contained so that they knew how to minimise the chance of harm occurring to people. Some people had restricted mobility and information was provided to staff about how to support them when assisting them to mobilise or transfer in and out of chairs and their bed. We saw that the service had consulted with other health care professionals where necessary. For example, when some difficulties with transferring a person were identified an occupational therapist had been consulted. Staff we spoke with were able to demonstrate ways in which they would promote people's safety and reduce risks in accordance with their risk assessments, although we did hear from a commissioner there had been one instance where a person had a pattern of falls and this had not been identified by staff. Overall though, we saw that information was available to staff, and they were aware of what they should do to ensure assessed risks to people were minimised.

We looked at staff recruitment checks and found these were completed to ensure staff were safe to support

Requires improvement

Is the service safe?

people. Three staff files confirmed that checks had been undertaken with regard to criminal records, barring list checks, obtaining references and proof of ID. We saw that the provider was also checking documentation related to staff employed as drivers.

Most people and relatives we spoke with said they managed their own or their relative's medicines. This was identified in people's care plans. One person we spoke with who staff supported with medicines said they, "Received them on time", although one relative told us there had been occasions a person did not have their medicine due to missed calls. The registered manager told us they had introduced systems to identifying any gaps in Medicine Administration Records (MARs) so these could be escalated with the appropriate staff. We saw from the provider's audits there were still numerous issues with recording in MARs where the service was offering this as part of the person's care package. This showed in some instances it may still not be possible to be sure if people had received their medicines as prescribed. The registered manager said they would be investigating all incidents where there were gaps in MARs and taking action if needed to ensure people received their medicines or that there was improved recording. We spoke with staff about the process they used to ensure that medicines were given safely when they did assist people. They were able to tell us how they should administer medicines so that these were given safely. While this would ensure that people received their medicines in a safe way, further work was needed to ensure that people consistently received their medicines and accurate records were maintained.

Requires improvement

Is the service effective?

Our findings

We asked the registered manager and staff how they ensured that they acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People or their relatives said staff asked people about what they wanted before providing their care. Staff confirmed they understood their responsibilities to ensure they gained people's consent. One staff member told us, "Need to ask people" including those of people living with dementia. Another care worker told us, "You need to talk through [the personal care] with the person". Staff told us they received training in the MCA which helped them understand the importance of gaining people's consent. We saw some care plans where relatives had signed to consent where people were assessed as lacking capacity, and there was no evidence that they had the legal authority to do so. This showed that while staff were aware of their responsibilities under the MCA, the provider needed to ensure consent on behalf of people who lacked capacity was only gained from representatives with the correct legal authority.

The majority of the people and relatives we spoke with said established staff were well trained and competent in their work. Six people responded to our survey and 67% of them said staff had the knowledge and skills they needed, 16% saying staff didn't. People we spoke with had mixed views about staff competence. Most people felt staff were skilled, with a minority making comment about staff not appearing well trained. One relative told us, "Some staff are not properly trained with the hoist" but also said there were other staff that were well trained for the person's needs. They added, "Soon as you get good carers you can trust they go". Another relative told us that they had some concerns about staff competence when the care package commenced but said staff learnt from them and said while it took, "A bit of time to sink in, gave them basic areas and they have taken it on board". A third relative told us they received skilled staff, telling us, "These two were very good, [person] felt quite secure with them" but said these staff had not stayed with the service. Overall people's views showed they were confident in the staff that visited them on a regular basis. However, some people or their relatives expressed concerns that lack of consistent staff may impact on staff knowledge of people's needs where these were complex, for example having health conditions that the staff were not as familiar with. The registered manager told us they were looking to improve how staff skills related to individual people they visited through on going work to improve staff retention and review how they allocated staff.

The registered manager said all new staff completed training around core skills and knowledge that included for example, basic first aid and safety training. They said all staff under took refresher training as well, as identified by the provider's training monitoring systems. The 13 staff that responded to our survey all said they received training that allowed them to meet people's needs, and that induction training prepared them for their job. The views of staff we spoke with confirmed this. One member of staff told us the induction was, "Brilliant" and they learnt a lot, another saying, "It was quite good we went through everything". Another staff member felt the induction did not prepare them to work independently and felt some staff needed to spend more time with more experienced staff when they were not confident in their work. Staff we spoke with that had completed shadowing of other staff said they were confident with the support they had and one told us it was, "OK, I had enough, I felt confident". This showed that staff were confident in the level of training and induction to the job they received.

The views of staff about the support they received to help them carry out their job was mixed. Out of the 13 staff that responded to our survey only 54% said they received regular supervision, this included individual one to one sessions with their manager and group staff meetings. The majority of staff we spoke with felt well supported by management with comments including, "If I need support I can talk to them, most of them are approachable" and that supervision was, "A chance to air my views". The registered manager said there was a need to develop more regular supervision for staff and we saw that they were taking steps to programme these sessions in. This showed that the provider was taking steps to ensure staff received more regular supervision to allow them to reflect on their practice, however it had not always been consistently provided.

Requires improvement

Is the service effective?

People told us they received the support they needed to eat and drink when this was one of the agreed tasks for the staff. A number of the relatives told us they prepared the meals, and the staff only needed to ensure these were available to people. We spoke with some staff about how they supported people with food and drink when this was part of the person's planned care. They were aware of how this should be done so that people were supported with their preferred food and drink. Some people told us due to late calls this had meant they had not received support with their meals or drinks when needed. This showed while staff were aware of the support people needed with their food and drink, this was not always provided at the times needed.

People told us they were confident that staff would support them to access healthcare professionals when needed. People described instances where staff had identified people were unwell and called health care professionals. A relative told us that when a person had been unwell staff had been proactive and called emergency services. Another relative said staff, "Are aware of pressure sore care, noticed something and got doctor". They told us the person had received appropriate care from their doctor as a result. Staff we spoke with presented as knowledgeable about when they should escalate concerns about people's health to other professionals. This meant that the provider ensured people's needs were escalated to health professionals when needed.

Requires improvement

Is the service caring?

Our findings

We heard mixed views from people as to whether they received consistent staff and how this helped them maintain a good relationship with them. One person said, "They will insist on sending out carers that I do not know. I've got a key-safe and so many people have been given a key". A relative told us they had asked the service for regular staff, because the person, "Needed to build up a rapport with the carers". Despite this they said they had received five different staff over one weekend. After raising the issue they said there had been, "A bit of an improvement but not much." Another relative told us regular staff that had been coming to the person had been replaced by other staff and now only came once a day and sometimes not at all. They said the person had got used to this member of staff who was able to encourage the person so they would get out of bed. They said since this member of staff no longer came all the time the person, "No longer had the confidence to get out of bed." Other people said they had regular staff though. A relative told us there was, "Reasonable continuity of carers, at the beginning there was some confusion, but now they are more regular and [person] has become familiar with most of them". Based on the six people that responded to our survey 67% said they had regular staff, with 16% saying they did not. The registered manager told us some people now received calls from different staff due to changes they had made to improve staff deployment and make calls timelier. Staff confirmed these changes and while some said they visited the same people, others told us they were visiting people they did not know as well. The registered manager told us that following this change they were looking to improve the consistency of the staff attending calls. This showed the provider was aware of the need to balance the effectiveness of calls with maintaining established relationships between people and staff so as to maintain and improve the continuity of the staff that visited people.

People said care staff treated them kindly and they were caring. Six people responded to our surveys and all of them said they were happy with the care they received and staff were kind. One person said staff were, "Very friendly." Another person said staff were, "Marvellous and courteous". A relative told us staff, "Were quite bubbly most of the time, quite chatty, nice enough". Another relative said the person now received, "Some very lovely carers" but there had been others that they had complained about as they were not caring. A third relative said, "One carer thought they had hurt [the person], they welled up, shows they are caring when that concerned. They are kind and respectful". This indicated that with little exception staff were thought to be kind and caring.

Most people told us the staff listened to them to understand their needs and preferences.

A relative told us when the person had first received calls from the agency they were very shy with the carers and when asked for carers of one gender this was provided. Another relative told us that staff were caring, "But some lack a bit of experience, they are used to people that can do things for themselves" and, "A lot of the girls are lovely but need to be consistent". Another relative told us that there had been occasions where they did not feel the agency understood the person's expectations, but there had been some recent improvement. One relative told us how staff worked with them and the care was discussed so that they were able to provide care in accordance with the person's preferences and since the service had commenced it had, "All settled down nicely".

Staff we spoke with told us of the importance of communication and talking to people about the care they provided. This showed that when staff knew people well they understood their chosen means of communication.

Six people responded to our surveys and all of them said that the staff treated them with dignity and respect. One person when asked if staff respected their privacy and dignity said, "I'm very happy thank you" and their relative confirmed staff had a good approach to providing care. Staff we spoke with were knowledgeable about how to promote people's privacy and dignity and were able to give us examples of how this was promoted, for example one member of staff said, "You have to be mindful how you offer people personal care". Other staff gave examples of how they promoted privacy, for example ensuring curtains and doors were shut and using towels to preserve people's dignity. This meant people's privacy and dignity was respected.

Six people responded to our surveys and all of them said staff helped them be more independent. People we spoke with also told us the staff encouraged people to be independent where able. One relative said that the carers encouraged the person to remain independent saying, "They try to get [the person] to walk to improve their

Requires improvement

Is the service caring?

mobility and it has improved". We spoke with staff who understood they should not foster people's dependency, but promote their ability to complete tasks independently where possible, meaning people's independence was promoted.

Requires improvement

Is the service responsive?

Our findings

People and their relatives told us they were aware of the provider's complaint procedure but they were not always confident that the provider would address concerns if they had any. Six people responded to our surveys and 67% said the agency responded well to complaints. One person told us they were not satisfied with the level of response from the provider to some of their complaints. They said, "All the complaints I have made have been written off and I never get to speak to the manager. I was told that they would always be available but you only ever get to speak to their secretary. The response is not good". A relative spoke of having, "An argument" with the office staff at the service over late calls on a weekend and told us the response was unsatisfactory with comment, "Sorry, but there are no more staff". Another relative who said they complained about a change in staff said that no one had got back to them about the issue. They said they had raised the complaint with the provider at their main office because the staff at the local office, "Took no notice and would not listen". One relative did tell us that the provider had investigated their complaints saying, "Did make a complaint once and it was resolved". However, the feedback we received was indicative that people were not always satisfied that their complaints were taken seriously and investigated.

We saw that complaints logged by the agency, were fully recorded and investigated, with responses sent out to complainants detailing the outcomes of these complaints. Not all the complaints we were told about by people or their relatives were seen to have been received or logged by the agency. We saw that when logged there was detail of the complaint and the outcome of the investigation recorded with a clear statement as to whether the complaint was upheld or not upheld. We saw letters that contained apology from the service for when the provider judged the service did not meet expected standards.

The registered manager told us people were encouraged to give their views and raise concerns or complaints. The registered manager told us that they or another member of the management team made contact with people on a regular basis to ask their views of the service they received. We saw that a record of this contact was recorded in people's care records. Some people we spoke with said they had seen the registered manager or other senior staff on occasion and their views had been sought. The provider also used annual questionnaires where findings were collated by the provider and fed back to the agency. The last service user satisfaction survey was completed in June 2015 and information from this was compiled in a report, which showed overall people were satisfied with the service they received. This showed that the provider did have systems in place to gain the views of people that used the service.

People we spoke with confirmed that assessments of their needs and personal requirements were carried out prior to the commencement of the service. The registered manager said where possible assessments of people's needs were completed before or as soon as the service commenced. They said senior staff were introduced to people when they first used the service at which point a full assessment of people's needs would be completed, to complement assessments from commissioners. They told us the assessment would be used to ensure the skills of staff visiting the person reflected their needs and identified any risks to people and staff. One relative described how the person had their initial assessment, which had involved social services, and then staff from Sevacare, when, "The number of hours were discussed and how they could fit in with [the person's] needs". Another relative told us the agency, "Did come out" to assess the person's needs before the service commenced. We looked at some people's assessments and these reflected what people or their relative told us. While the service had systems to assess and identify people's needs at the point the service commenced, some people did express concerns that the number of visiting staff had impacted on the consistency of care provided on occasions..

A relative told us that they had seen the registered manager a few months ago and the person's care plan had been reviewed once and was due for another review in 2016. We saw that the management contacted people to review their care arrangements and we saw records of these were detailed in people's care records. The registered manager said that where there were changes needed that they would discuss these with social services so that changes could be agreed to reflect people's needs and views. One person said that the care plan was updated "Within three months" of the service starting. Some people told us of

Requires improvement

Is the service responsive?

some factors that had impacted on the delivery of their care that the service had recognised and referred to other agencies for action when they were unable to address the matter themselves.

People we spoke with told us that they had a care plan, some telling us these reflected what they wanted from the agency. One person told us, "I know it is there but I don't know whether it is adhered to". Two relatives told us they had read the care plan and the information within it was accurate. We looked at five people's care plans at the agency's office and discussion with people confirmed that these reflected people's needs and how staff needed to support people. The care plans we saw documented information about the person's individual needs and requirements, for example how equipment should be used. We did see some had additional detail about how the tasks identified should be completed in accordance with people's personal preferences, for example one person's had detail about the need to provide care slowly for one person due to constant pain. The relative told us this reflected the way care was provided by staff that, "Don't rush". While one relative said that the person's care plan was, "Not delivered", another two relatives said staff adhered to the agreed plan of care. Staff told us that they read the care plans when visiting people and some demonstrated they were knowledgeable about people's individual care and support needs. However, we did hear from some people that not all the staff visiting them knew their needs well.

A number of people we spoke with commented on calls being late and changes to the staff visiting and there were mixed views as to how successful the service was in ensuring people were kept up to date and informed about these changes. One relative told us changes were often made to the rota but, "They forget to ring you about it". Another relative told us that the rota times were accurate but the staff attending the calls were not. A third relative said that when staff were late there was, "No explanation of apology" from the service. Another relative said, "They do 50% of the time ring to say if going to be late, it's got to be the norm". They did say they had received a phone call of apology from the agency on occasions though. This showed that people were not always informed of changes that may impact on the care that was planned.

Requires improvement

Is the service well-led?

Our findings

The service had a manager that registered with CQC in September 2015. We asked people if they knew who the registered manager was and most of the people we spoke with said they did, or knew how to contact them. The registered manager was open about some of the challenges they faced and acknowledged that improvements were needed at the time they took over the day to day running of the service. They recognised a number of the issues we raised, for example the consistency of the care provided and the factors that impacted upon this. They told us there was on going staff recruitment, as turnover had been an issue, and in conjunction with this they were rescheduling staff calls so that they did not have to spend so much time travelling. They said this had caused some dissatisfaction in the staff team but were confident that the benefits would be realised with better consistency of care in the future, and calls that were close to their planned times. We spoke with a regional manager and they also recognised the difficulties the service faced and expressed a commitment to supporting the registered manager in improving the service people received, with maintaining a stable staff team as one of their targets. This showed that the provider recognised there was a need for continued improvement, and what they needed to do to achieve this. However, at the time of our inspection, the improvements being made had not yet been embedded into practice.

We heard a mixed view about people's satisfaction with the service, although it was apparent that some people felt the service they received was good. Other people expressed some dissatisfaction, although we heard from some that there had been some very recent improvement; although not sufficient to allay all the reservations they held. One person said, "Sevacare are doing quite well" and said they were satisfied with their care. One relative told us the service was, "Well delivered" but staff were, "Frustrated by the high turnover of staff and the pressures put on them, when for example another carer phones in sick". Another relative said, "Not very assured with management, running agency into the ground". The six people that responded to our survey did, overall express satisfaction with the service they received.

We saw that the provider had carried out a survey of people's views in June 2015 and their findings indicated that people overall were satisfied with the service they received, although the provider had identified areas where the agency needed to improve with actions identified. These included monitoring of the number of staff that were unknown to people, call times, missed calls and checks to ensure staff stayed the required time. We saw systems had been introduced, for example the length of calls were monitored and any differential was recorded and fed back to the relevant commissioning body as an indicator that more or less time may be needed to meet the person's needs. This showed that while improvements were still in progress, the provider had been proactive in responding to people's views thorough surveys. There was a need to consider building people's confidence in how the agency responded to direct feedback from them such as complaints, as some people were not always confident their complaints would be responded to, or that communication with them was always effective.

There were systems in place for gaining staff views, such as one to one supervision meetings and general meetings. Staff that responded to our survey raised some concerns with comment that they felt pressured and not well supported by management. The majority of staff we spoke with were positive about the support they received from the management. One told us that they were able to get support from the office telling us "Everything fine with the office staff, they are lovely people" and the managers were said to be, "Ok, They are really good – team leader, feel I can talk to [them] whenever". Another member of staff told us that they felt the spot checks the managers carried out were useful and covered, "How you interact with people, use correct equipment, way present self and manners ok". One member of staff told us that staff had been unhappy and, "I Did feel frustrated before, but [agency] getting there slowly, massive improvement in the way carers are, all staff really happy, the manager, any problems [manager] is there". Only one member of staff we spoke with felt they were not able to approach the registered manager for support. However some staff expressed concerns centred on the provider's call centre, which the registered manager was not directly responsible for. One member of staff said , "Abusive phone calls from call centre who expected us to add more calls to our rota due to sickness" and another, "Feeling stressed and under a lot of pressure". This indicated that staff felt well supported by the registered manager but some said this was not always replicated by other support systems the provider had in place.

Requires improvement

Is the service well-led?

The provider had a number of systems in place to audit the service which included national recognised accreditation awards from, for example Investors in People. We saw that new internal quality audits were been introduced in response to issues raised by commissioners, for example audits of records, with identification of areas where improvement was needed. From sampling of some people's records we saw some of these improvements were being progressed. In addition there were regular spot checks on the staff by seniors or the management team. We saw the provider carried out audits and spot checks and saw they were completed regularly and there was evidence that action was taken. For example issues identified by the registered manager had been discussed with staff in meetings or with individual staff after spot checks. The registered manager was able to show us what steps they were talking in response to recent commissioners visits and while these were not all fully addressed, we saw evidence that some progress had been made. This showed that these systems had identified some areas where improvement was needed, with action to address these issues.

The registered manager demonstrated good knowledge of the people using the service and their responsibilities as a registered manager. This included the requirement to submit notifications when required to us when certain events occurred such as allegations of abuse.