I & A Homecare Services Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an announced inspection of I & A Homecare Services Limited on the 26 November and 4 and 6 December 2015.

I & A Homecare Services Limited provides personal care and domestic services to people in their own homes throughout Accrington in Lancashire and surrounding areas. The office is situated in Accrington town centre. At the time of the inspection the service was providing support to 89 people.

At the previous inspection on 08 January 2014 we found the service was meeting all the standards assessed under Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection visit we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to a failure to ensure staff were trained and assessed as competent in safe administration of medication before they provided this support, failing to ensure staff received adequate training before they provided care and support and had regular supervision, failure to effectively assess and monitor the quality of the service to ensure any risk to people using the service was managed appropriately. You can see what action we told the registered provider to take at the back of the full version of the report.

We also made a recommendation about the importance of taking a more robust approach to the recruitment of staff.

People expressed satisfaction with the service provided and spoke very highly of the staff who supported them. People told us they felt safe. Their comments included, "I trust all my carers. I get the same carers visiting and I have never been let down. If there is a problem such as the carer running a little late they let me know". And, "They do a great job. I have a team of usual carers so I have built up a good relationship with them and I feel I can trust them."

People told us they felt safe in their homes when staff visited. They usually had the same carers who visited and considered this was important to them. Arrangements were in place for staff to gain entry to their home without placing them at risk. People told us staff were respectful towards them and their property. The agency had a code of conduct and practice that staff were expected to follow.

Recruitment procedures were generally followed to make sure staff were of good character and were suitable for the job. However we found that a more robust approach was needed when checking people's

employment history and with references being received. Arrangements were in place to maintain staffing levels to make sure people received their agreed care and support.

We found the arrangements for managing people's medicines were not entirely safe. Not all staff supporting people with their medicines had been trained to provide this support. We also found staff were not competency checked to ensure they administered medicines safely. Records and appropriate policies and procedures were in place for the safe administration of medicines.

Clear safeguarding policies and procedures were in place at the agency office and staff were provided with guidance in the staff handbook. This helped to ensure the staff team were fully aware of action they needed to take should they be concerned about a person's welfare.

The service worked alongside other service sectors. Where needed, advice was given to people regarding other professional support they could access, such as Occupational Therapist (OT) for aids, support to have a lifeline and the fire authority who offer a free fire risk home assessment.

Staff were provided with disposable gloves and aprons and hand cleansing gels to minimise the risk of cross infection.

People we spoke with felt staff had the right skills and knowledge to support them. People commented, "They are very good. We tend to get regular carers who know how we want things done. It takes time for relationships to be built up." And, "The regular girls seem to know what to do and do it very well. They are usually on time. Sometimes a new carer visits but they are with one of the regulars who show them what to do."

The service had good links with healthcare professionals such as GP's and district nurses. One relative we spoke with told us, "Any changes the nurse wants, the staff will follow their guidance." However one health professional and one relative expressed concern that inexperienced staff were turning up to carry out care duties they had not been trained in. We found induction training given to staff was not sufficient in providing staff with relevant knowledge and skills and staff supervision needed to improve.

People commented how caring staff were and described staff as being 'very kind' 'caring' and 'nice people'. "They are very respectful. I never feel uncomfortable with them. We are on first name terms which makes me feel more relaxed. They are easy to get on with and nothing is too much trouble to them. They never leave without checking I'm all right." People considered staff respected their right to privacy and dignity. Everyone we spoke with felt their carers listened to them and explained things in a way they could understand.

Care plans were being updated and those completed were well written and provided staff with enough information to care for people as they wished. Staff were kept up to date with changes to people's needs and requirements. People told us the service was flexible and that any changes needed in their care or times of visits was managed well.

People using the service were confident to raise any concerns with management and to be confident any issues they raised would be dealt with promptly.

The registered manager had systems in place to monitor safety and quality across all aspects of the service which included feedback from people using the service. However, monitoring of the service needed to improve to make sure the service was fully compliant in all areas of safety and quality.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People told us they felt safe whilst receiving care and support. Arrangements were in place to make sure the security of people's homes was good and staff were instructed on how to manage emergency situations.

There were enough staff available to provide support and to keep people safe, however the recruitment of staff needed to improve.

People had support to manage their medicines, however staff providing this service was not always trained or checked to see if they were able to provide this support safely.

Risks to the health, safety and wellbeing of people who used the service were assessed and there was good guidance in place for staff in how to support people in a safe manner.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People told us they experienced good care and support. However not all staff providing care and support were adequately trained or supervised.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA).

People were supported as appropriate to eat and drink. Their health and wellbeing was monitored and responded to as necessary.

Communication was good to ensure staff were kept up to date with people's changing needs.

Is the service caring?

Good

The service was caring.

People who used the service were treated with kindness and their privacy and dignity was respected by staff. Staff were described as being respectful and understanding of their needs.

People were supported by regular staff they knew and trusted.

Is the service responsive?

Good

The service was responsive.

People were involved with planning and reviewing their care and support.

The agency offered a flexible service that responded to any changes in people's requirements including emergencies. Arrangements were in place to respond to people's changing needs and preferences in a timely manner.

Processes were in place to manage and respond to complaints and concerns. People were aware of the service's complaints procedure and processes and were confident they would be listened to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The agency had a registered manager who demonstrated a commitment to the continuous improvement of the service.

There were systems in place to consult with people.

Monitoring of the service had not been sufficient to make sure the service was fully full compliant in all areas of safety and quality.

I&A Homecare Services Limited

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 26 November and 4 and 6 December 2015. The registered manager was given 48 hours' notice of our intention to visit; this was to ensure they would be available for the inspection. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service such as notifications, complaint and safeguarding information. The provider sent us 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. This had not been fully completed but we were given contact details of people using the service. We sent out 46 questionnaires to people using the service and their relatives. We received 22 responses.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we spoke with five people who used the service, two relatives, one senior carer, one carer, the registered manager, deputy manager and registered provider.

During our visit to the office we looked at a sample of records including five people's care plans and other associated documentation, seven staff recruitment and induction records, training and supervision records, minutes from meetings, complaints and compliments records, medication records, policies and procedures and audits.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us the service they received from the agency was good and what they wanted. We discussed what 'being safe' whilst receiving care and support meant for them. One person told us, "I trust all my carers. I get the same carers visiting and I have never been let down. If there is a problem such as the carer running a little late they let me know". Another person told us, "I have never been let down. They do a good job. I don't know what we do without them. They knock on the door. I've told them to stand in out of the rain in the porch as I can see who it is through the glass before I open my door. I can always ring the agency if I have a problem. I know they would help me." Another person told us, "They do a great job. I have a team of usual carers so I have built up a good relationship with them and I feel I can trust them."

Before this inspection we sent out questionnaires to 43 people using the service and their relatives. We received 22 responses. All the people agreed with this statement 'I feel safe from abuse and or harm from my care and support workers'. One person commented, "I am very happy with homecare, friendly, familiar faces make me feel safe and any concerns I have are resolved quickly and professionally." One community professional and one relative agreed with the statement 'People/friend/ relative who use this care agency are safe from abuse and or harm from the staff of this service'.

We checked seven staff records and their recruitment checks to make sure care workers employed were suitable to provide care and support to people. We found some improvements were needed. The recruitment procedure included applicants completing a written application. We noted that one of the applicants had not recorded their reason for leaving their last employment and interview notes made during a face to face interview did not show this had been explored further. We also noted that in another file references included 'to whom it may concern' and the staff had not given their last employers contact details for a reference. Other checks included an identification check, a health and fitness declaration and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We noted staff did not commence employment before the required DBS check was in place.

The registered manager told us they had enough staff employed at the service to meet people's needs safely. People's care needs and the number of hours of support they required were calculated to determine the necessary staffing levels across the agency. As people's needs changed or as new people started to use the service, the staffing levels were reviewed. This helped to ensure there were enough staff to provide a reliable and consistent service. Recruitment of additional staff was taking place.

Additional visits required were managed by the office. Staff occasionally picked up an extra visit. This was usually to cover for sickness or annual leave. The registered manager told us if staff were dealing with an emergency during their visit, or were concerned about someone, this was managed by a 'team approach' to deal with the situation. This meant people were not left at risk in emergency situations or of not getting the help when they should at the right time. Staff were instructed to ring the office for help.

Three of the people we spoke with had assistance from care workers to take their medicines. They all felt the care workers who supported them with their medicines were competent to do so. Their visits were arranged so that they had their medication when they needed it.

We looked at how the service managed people's medicines. The registered manager told us they supported people to receive their medication and people had signed an agreement for this support. Records showed however, that training in the safe management of medicines was minimal and not all staff providing this level of support were trained. This meant people were at risk of not receiving their medicines safely. The registered manager told us they had recently signed up to a training programme for all staff that would include safe handling of medication. We discussed the need to make sure staff were 'competency' checked during their shadowing training and as part of their supervision and that this was recorded better to validate this. Failing to ensure staff were adequately trained and assessed as competent in the safe administration of medicines placed people using the service at risk.

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

We looked at a sample of returned Medication Administration Records (MAR). Gaps in recording had been picked up and dealt with by the registered manager. Staff were reminded at their meeting of the importance to complete the MAR charts. We also saw an example where staff had acted promptly when a medication had been missed on a previous visit and had sought medical advice.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures are designed to provide staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. We saw this information included clear reporting procedures and information such as how to recognise signs of abuse to help ensure staff were able to identify concerns and take the correct action.

We looked at how the service protected people from abuse and the risk of abuse. Clear safeguarding policies and procedures were in place at the agency office and staff were provided with guidance in the staff handbook. This helped to ensure the staff team were fully aware of action they needed to take should they be concerned about a person's welfare. We noted that not all staff had completed safeguarding training updates but had signed up to a training course. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns to the relevant authorities.

We looked at other protection measures taken by the agency to ensure people using the service and staff employed were supported to keep safe. Policies and procedures were being updated and included for example guidance for staff what to do if they were unable to gain access to people's homes or were concerned about people's health and welfare.

We found the assessment process considered all aspects of people's needs, individual circumstances and potential risks. These assessments were central to the support people received. Where needed, advice was given to people regarding other service sector professional's support they could access, such as Occupational Therapist (OT) for aids, support to have a lifeline' (this service enables people to get help quickly in an emergency situation such as a fall or an accident), and the fire authority who offer a free fire risk home assessment.

Security of people's homes was taken into account. Some people used key safes to allow staff access to their home. The code for these were only given to staff who were providing the persons' care and support.

All staff were provided with an identity card that remained the property of the company and staff were required to return this when they left their employment. Staff were provided with disposable gloves and aprons and hand cleansing gels to minimise the risk of cross infection.

Training in first aid and health and safety was included in staff training plans. All staff were expected to complete this during their probationary period. The registered manager gave an assurance that basic first aid training for staff was completed during induction and further training provided.

We recommend that the service takes a more robust approach to ensure recruitment of staff includes checking applicants work history.

Requires Improvement

Is the service effective?

Our findings

We asked people who used the service if they felt staff had the right skills and knowledge to support them. People commented, "They are very good. We tend to get regular carers who know how we want things done. It takes time for relationships to be built up." And, "The regular girls seem to know what to do and do it very well. They are usually on time. Sometimes a new carer visits but they are with one of the regulars who shows them what to do." "We usually have the same carers. There are about five regular carers in total because of the number of visits. My wife needs to have people she knows. They do a good job and I'm quite happy with the service."

90% of people who responded to our survey indicated they received care and support from familiar, consistent care and support workers and their carers arrived on time. They considered their care workers completed all of the tasks that they should do during each visit and supported them to be as independent as possible. 86% considered their care and support workers had the skills and knowledge to give them the care and support they needed and stayed for the agreed length of time.

A health professional and a relative had commented in the survey we sent, that care workers were not always familiar with health care needs of people and needed 'more training in aspects of patient care, positional support, medication, pressure areas, dementia, diet and fluids and catheter care'. A relative informed us, 'The care agency does have a few carers that know what care and attention my mother needs'. However they expressed concern that inexperienced staff were turning up to carry out care duties they could not manage.

We looked at how the provider trained and supported their staff. The registered manager told us all staff had completed induction training when they started work at the agency. This included an introduction to the agency's policies and an overview of essential training staff would need such as safeguarding vulnerable adults, moving and handling, fire safety, infection control, first aid, food safety, medication and health and safety. However it was difficult to determine staff competency in their induction training as this training was through reading policies and procedures and shadowing experienced staff over three days. Further specialist training such as stoma and catheter care was not routinely provided before any staff undertook these duties. Failing to ensure staff were adequately trained placed people using the service at risk of unsafe care.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
We discussed training with the registered manager who told us staff would benefit from more training and this was being provided. Training was being rolled out and the way it was planned meant that staff work through six topics and assessed as being competent, before they can move onto the next stage of the training programme. The training programme was designed to equip staff with the fundamental skill they need to provide quality care and give them a basis from which they can further develop their knowledge and skills as their career progresses.

In some training staff we noted staff were required to demonstrate their competence by either completing written tests or by being observed carrying out tasks. We saw an example of completed written tests. In addition to this, E learning had been introduced for some mandatory courses to assist staff to develop further in their role and encourage a different way of learning. (E-learning is electronic learning. This means using a computer to deliver part, or all of a course.) The manager told us that some training such as moving and handling would be completed with practical training to ensure competency. We spoke with one staff member who told us they could use the office computer or the town library facility to undertake this training.

The registered manager told us they intended to train new staff whilst waiting for the return of DBS checks. That training meant that staff would be better equipped to meet people's needs. All new staff were to be registered to complete the 'Care Certificate' based on national standards and principles of good care. This meant that new staff will be supported within their first 12 weeks of employment to be assessed as being competent in a range of standards relating to their work.

Staff supervision was not being given on a regular basis. By not providing regular supervision, particularly for staff during their probationary period meant staff performance was not being consistently monitored. The registered manager told us all staff had their work performance appraised on a regular basis with spot checks, meetings and appraisals. This helped to make sure the staff team delivered an effective service. We discussed the benefits of regular individual supervision for staff that would help to identify any gaps in knowledge and training. The registered manager told us this was planned for. Staff were issued with a handbook which covered important information such as codes of conduct and key policies and procedures.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). The service had policies in place to underpin an appropriate response to the MCA 2005 and DoLS. The registered manager indicated an awareness of MCA 2005 including how they would uphold people's rights and monitor their capacity to make their own decisions.

People we spoke with told us they had agreed to the support and care provided by the service. Records showed people had been involved and consulted about various decisions and had confirmed their agreement with them. Communication was seen to be good. When staff received their rota they were given an update on any changes that had been reported in relation to people they cared for. One person we contacted told us, "They are really good when changes are needed. I only have to ring the office and they sort things out for me." One relative told us, "They write everything down when they visit."

We saw that people's care plans contained some information about their medical histories and any health care needs they had such as diabetes. This meant that care workers should have an awareness of any risks to people's wellbeing and what action they should take if they identified any concerns. One relative we spoke with told us, "They follow the instructions the district nurse leaves. I would say they work very well together." People we spoke with told us they felt supported if they were not well. They could always ring the office and ask for support or advice and it was given.

The service's standard assessment process included a nutritional risk assessment. This helped to make sure any risks relating to poor nutrition or hydration were identified and addressed. Any support people required with their nutrition as part of their commissioned care was managed well. Visits were arranged to coincide with their preferred meal times and where relevant, their food preferences and any specialist dietary needs were provided. Records returned to the office showed how staff provided this support and consulted people on their requirements. Staff shopped for food if people needed this support. One relative who completed our survey considered training in dementia care would support staff know of underlying problems of nutrition and care of people living with dementia. An example was given of people not eating food prepared and the need for better monitoring by staff.

Good

Is the service caring?

Our findings

Most of the people who returned our survey considered their care and support workers always treated them with respect and dignity and they were happy with the care and support they received from the service. They also considered their carers were caring and kind.

People we spoke with described their carers as 'very kind' 'caring' and 'nice people'. People's comments included, "They are so helpful and I find them a big help. They do everything I ask of them and they are friendly." "They are very kind." "They are very respectful. I never feel uncomfortable with them. We are on first name terms which makes me feel more relaxed. They are easy to get on with and nothing is too much trouble to them. They never leave without checking I'm all right." And, "They are very respectful of my home and never take advantage of my hospitality. They ring the door bell before they come in and speak to me directly before they start. They've been like this from the word go. I've been with them nearly 12 months now."

All the people we spoke with and a relative told us the staff respected their rights to privacy and dignity. We spoke with people about their privacy and dignity. People told us staff gave them privacy whilst they undertook aspects of personal care. Staff received guidance during their induction in relation to dignity, respect and promoting independence. We noted staff were currently working through 'The personal Touch' workbook. This included 'understanding values in social care, personal values, feelings, reactions, personal care, empathy and empathy in personal care , equality, dignity and respect' and a 'time for reflection' exercise. This was intended for staff to have a heightened awareness of the experiences of people using the service and how their approach in providing a service can impact on this.

People told us they more than often get the same carers visiting them. People understood that when regular carers were absent such as when on holiday, this meant a different carer might visit. This was not an issue for them as most of the time it was the same carer. If a new staff member started work they were usually accompanied by a regular staff member. The registered manager told us, "We do try to send the same carers to people. If people express a wish for a particular carer such as preference for female/male carer we respect this and will accommodate their request. Like wise if people do not want a particular carer we will respect this as well."

We looked at care plans. The registered manager told us they were currently reviewing all the care plans to make sure they placed people at the centre of their care and include lifestyle, preferences and choices. We looked at samples of new care plans completed. We found these included a care plan tailored to each visit covering specific activities associated with the purpose of the visit. We saw that the views and wishes of the people were recorded in detail. It was clear these people were involved and able to make decisions about their care.

Good

Is the service responsive?

Our findings

People told us they received a service that was responsive to their needs. We asked people if they were involved in deciding how they wanted their carers to support them. They told us before they had any service provided, they had been able to discuss what they wanted and expected from their carers. Someone from the agency had visited them and had asked questions, such as what time they needed a visit and what was important to them when carers were in their home. We asked people, if they wanted to make any changes was this easy and accommodated by the agency. We were told, "I can ring the office any time. I have one two occasions contacted the office when I've needed a change and it was dealt with straight away." "They always do what I ask of them. I'm never left stranded." People felt the agency operated a flexible service and would always try to accommodate their needs. People who completed our survey all agreed that they were involved in decision making about their care and support needs.

During the inspection we looked at the way the service assessed and planned for people's needs, choices and abilities. The registered manager told us that when they had a referral for the service they or senior staff visited the person to discuss their requirements with them and carry out an assessment of their needs.

We looked at three assessment and care plans at the office and samples of daily records staff had maintained that were returned to the office. The assessments identified the level of support people required and any associated risks to their health or wellbeing. Information about the person was gathered from a variety of sources such as health and social care professionals, relatives and the person themselves. However the level of assessment carried out by the agency was very basic in information and did not contain much detail regarding the wishes of the person being assessed.

Care planning was based on activities required at specific times. For example support to get up, washed and dressed, bathing, meal preparation, medication support and social care. The care plans were very basic and did not include sufficient information to guide staff with how to meet the person's individual needs. The registered manager told us reviewing of care plans had been their priority to make sure they were up to date and person centred. This was to help ensure the service was meeting the needs and expectations of the individual and discuss any changes that may be required. New care planning had been introduced and we were shown a further two care plans that had been updated. These were very clear what carers needed to do when supporting people and what they should be mindful of when supporting them. We were told they intended to carry on completing these updates and that any new people using the service would have these in place at the beginning of their support.

People we spoke with told us they had been able to discuss and agree their care and support needs with staff. We found care plans had been signed and agreed with people or their relatives. People's capacity to make decisions for themselves had been assessed. We saw that people who may not fully understand their options or lacked capacity to make the best choices had their interests protected, for example, by a named family member the agency kept in contact with.

Where people had health care needs, this had been recorded in their assessment and care plan. Essential

contact details were recorded as routine such as GP and next of kin. The service had good links with healthcare professionals such as GP's and district nurses. One relative we spoke with told us "Any changes the nurse wants, the staff will follow their guidance."

We asked people using the service if the care plans in their homes were current and up to date. One person told us, "I have my care plan here. I wouldn't add anything else. It shows what the carers who visit needs to do. I don't bother to read it really as nothing has changed and they write what they have done before they go."

A record of the care provided was completed at the end of every visit. This enabled staff to monitor and respond to any changes in a person's well-being. We looked at some of these records that had been returned to the office for confidential storage. They were clear as to the level of support people had received. The reports were written respectfully and with sensitivity to people's circumstances. We noted staff picked up on issues of concern and had reported these to management who took appropriate action, for example if someone was not well. The registered manager told us all records were audited to ensure staff followed procedures for maintaining records and carrying out their tasks. There were policies and procedures and contractual agreements for staff regarding confidentiality of information.

The registered manager told us they supported people to get involved in community activities. They were planning a Christmas party at the office for everyone using the service. This greatly reduced the risk of social isolation and promoted people's health and well-being.

We looked at how the service managed complaints. Most of the people who completed our survey indicated they knew how to make a complaint and considered all the staff would respond to their complaints or concerns. People we spoke with told us they would feel confident talking to a member of staff or the registered manager if they had a concern or they wished to raise a complaint. One person told us, "I can ring them day or night if I had a concern."

We found the service had systems in place for the recording, investigating and taking action in response to complaints. There was a complaints policy in place which set out how complaints would be managed and investigated. The complaints procedure was included in the service user guide and provided people with an overview of the processes the agency would take to deal with their complaint. The registered manager kept an electronic log of any concern raised and how this was dealt with and we were shown some examples. This meant people could be confident in raising concerns and know these would be acknowledged and addressed. We also noted within the log of contact, people had also complimented the service and their carers.

The registered manager worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a consistent coordinated service. The registered manager told us that in the event of a medical emergency whilst providing care, staff would inform the office. Arrangements for staff to stay and support people were made until they were confident the person was safe and under the care of relevant professionals such as a GP, or hospital admission.

Requires Improvement

Is the service well-led?

Our findings

All the people who completed our survey of the service told us they knew who to contact at the agency if they needed to. People we spoke with told they felt able to contact the registered manager and were confident she would address any concerns they raised. Comments included, "Absolutely. I have contacted her and have always felt listened to. I don't really have any issues, but sometimes things need sorting such as arranging better times." "They ask me anyway if I am alright, that's usually the staff that visit. I am more than happy with the service."

There was a manager in post who had been registered with the commission. The registered manager had responsibility for the day to day operation of the agency. She was supported in her role by a deputy manager, care co-ordinator, and senior carer together with the support of administrative staff. She discussed areas for improvement such as comprehensive training for staff and how the service would be developed. Throughout all our discussions it was evident the registered manager had a good knowledge of people's current needs and circumstances and was committed to the principles of person centred care. There was out of hours management support provided for staff.

The company used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback from people and their relatives in quality assurance questionnaires, telephone contact and face to face meetings. 82% of the people who completed our survey considered the information they received from the service was clear and easy to understand and five people disagreed. 64% considered the agency had asked them what they thought about the service provided and 24% disagreed.

We discussed areas that we had identified as needing improvement such as recruitment, staff training and supervision. The registered manager told us she had been aware that some areas needed to improve and had started to implement changes such as assessment and care planning and would be using the findings of our inspection for further action and improvements. However issues of some concern identified during this inspection showed monitoring of the service had not been sufficient to make sure the service was fully full compliant in all areas of safety and quality.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they had an 'open door' policy encouraging communication, transparency, and a positive working culture between everyone. They had regular discussions with care staff about people they supported and frequently covered visits themselves. This was seen as an opportunity for people to raise any concerns or make comments in an informal way. They also had regular contact with people's relatives and all activity and telephone calls were documented to make sure any information received was not overlooked. This also included compliments people made about particular staff. The registered manager told us they awarded a 'carer of the month' to acknowledge good practice and achievements.

Staff had been provided with job descriptions, contracts of employment and the employee handbook,

which outlined their roles, responsibilities and duty of care. Electronic monitoring was used which meant the registered manager could monitor staff were meeting their obligations by attending to people at the agreed time. The registered manager explained an alert would show if staff missed a visit. This enabled them to take relevant action. The registered manager said sometimes staff forget to 'call in' but this was being monitored and staff were being called to account about this.

We had received concerning information before this inspection that two staff had not acted professionally whilst undertaking their duties. This had involved the use of social media in relation to their work. The registered manager was aware of the incident reported and agreed this was unacceptable and contrary to the agency policy on social media. The staff were reminded of the company policy and the matter dealt with internally involving the provider.

Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them. Contractual arrangements for staff included disciplinary procedures to support the provider to take immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. We viewed feedback from people using the service that showed overall satisfaction with the service.

A wide range of policies and procedures were in place at the service, some of which had been updated and some pending review. These should provide staff with clear information about current legislation and good practice guidelines.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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 17 HSCA RA Regulations 2014 Good governance The provider has failed to effectively monitor the service to ensure full compliance in all areas of safety and quality

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider has failed to make sure staff were adequately trained and assessed as competent in the safe administration of medicines. The provider has failed to make sure staff employed were adequately trained and supervised to support them carry out the duties they are employed to perform