

Prime Support Service 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 21 March and 6 April 2018 and was announced.

At our last inspection in January 2017, we found one breach of the regulations with regards to staff training and development. A recommendation had also been made in relation to the recruitment process. Following that inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, safe, effective and well-led to at least good. At this inspection we found the breach in regulation had been met.

During this inspection we found five breaches of the regulations. These were in relation to the records to guide staff on the safe administration of people's medicines, recruitment records, risk management plans in the event of an emergency arising, financial records and good governance systems.

Prime Support is a domiciliary care agency. It provides personal care and support to people living in their own homes in the community. The service operates in the Stockport and Manchester areas. Not everyone using Prime Support receives the regulated activity, personal care. CQC only inspects the service being received by people provided with 'personal care'; for example, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection the service was providing personal care support to 10 people.

The registered manager had resigned from the service and therefore was not present during the inspection. One of the directors of the service said they would be registering as the 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.

Clear records were needed to guide staff on the safe administration of people's prescribed medicines so their health and well-being was maintained.

Sufficient numbers of staff were available to support those people currently using the service. However recruitment processes were not sufficiently robust to ensure that only suitable applicants were appointed to work for the service.

Suitable arrangements were not in place to help maintain the safety and protection of people and staff in the event of an emergency arising.

Adequate governance systems were not in place to demonstrate the service was monitored and reviewed so that any identified shortfalls were acted upon.

Records were not maintained to show people's finances were appropriately managed where staff were involved in any transactions.

You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe with the staff that supported them. Staff had completed training in how to safeguard people from abuse and knew the action they should take if they had any concerns. A safe system was in place where staff had access to people's house keys.

Potential risks to people's health and well-being had been assessed and planned for to help protect them from potential harm or injury.

Procedures were in place with regards to the management and control of infection. Staff had received training and had access to protective clothing such as disposable gloves, when needed. This helped to the reduced the risk of cross infection.

People told us they were involved and consulted about their care and support. Staff were aware of the importance of seeking people's permission before carrying out personal care tasks.

Staff received induction, supervision and a programme of training to help ensure they were able to deliver effective care. Staff spoken with confirmed they received regularly training and were equipped to support the needs of people they visited.

Suitable arrangements were in place to help ensure people's health and nutritional needs were met, where needed.

People and their relatives told us they were happy with the care received and that staff supported them in a dignified and respectful manner. Staff spoken with were able to demonstrate a clear understanding and gave examples of how people's privacy and dignity was promoted and maintained.

People's care records were kept under review and provided good person centred information to guide staff in the safe delivery of people's care and support based on their individual needs, wishes and preferences.

Opportunities were provided for people, their relatives and staff to comment on their experiences and the quality of service provided.

All the people we spoke with said they would speak with managers and staff if they had any complaints or concerns. Records showed people's complaints and concerns were taken seriously and acted upon.

The provider reported any accidents, serious incidents and safeguarding allegations which should be notified to CQC. This information helps us check the service is taking action to ensure people are kept safe.

Pre-inspection information requested from the provider, which is required by law, had been provided to CQC as requested.

The CQC rating and report from the last inspection was displayed at the agency office as well as on the provider web site.

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.

Records needed expanding upon with regards to people's prescribed medicines, staff recruitment, emergency procedures and the management of people's finances.

Potential risks to people's health and well-being had been adequately assessed and planned for so that people were protected from harm or injury. Procedures were in place to prevent and control the spread of infection.

Staff had received training in safeguarding adults and knew what action to take should they witness or suspect abuse taking place or witness poor practice of colleagues.

Is the service effective?

Good 

The service was effective.

A range of training opportunities were provided enabling staff to develop the knowledge and skills needed to meet the individual needs of people safely and effectively. Staff received training on the Mental Capacity Act 2005 and knew the importance of seeking people's consent before carrying out tasks.

People who used the service received appropriate support to ensure their health and nutritional needs were met.

Is the service caring?

Good 

The service was caring.

People spoke positively about the support offered by staff. We were told staff were kind, caring and respectful towards them.

Staff we spoke with knew people well and were aware of their individual needs, wishes and abilities. Staff explained how they helped to promote people's independence and offer privacy and dignity when providing personal care. This was supported by those people we spoke with.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved and consulted about how they wished to be cared for. People's care records included good information to guide staff about their individual likes, dislikes and preferences.

Systems were in place for the reporting and responding to people's complaints and concerns. This demonstrated people were listened to and concerns were acted upon.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The registered manager had resigned from the service prior to the inspection. One of the directors was to register as the manager.

Adequate systems were not in place to demonstrate the service was monitored and reviewed so that any identified improvements were acted upon.

The provider was aware of events such as accidents or incidents, which should be notified to CQC. Pre-inspection information requested from the provider and displaying of the quality rating, which is required by law, had been complied with.

Prime Support Service 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 the 21 March and 6 April 2018 and was announced. The inspection was carried out by an adult social care 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 gave the service 48 hours' notice of the inspection. This was because the service is small and we needed to be sure someone would be available in the office.

Before the inspection, the provider also 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. This was completed by the provider as requested and returned to Care Quality Commission (CQC). Information provided was used to inform the inspection. We also looked at the information we held about the service, including notifications the provider had sent us. A notification is information about important events such as, accidents and incidents, which the provider is required to send us by law.

We contacted the local authority commissioning and adult social care teams and Health Watch prior to our inspection. Health Watch is an independent consumer champion for health and social care. Feedback received from the local authority was considered as part of this inspection.

During this inspection we spoke with two people who used the service and the relatives of six people by telephone to seek their views about the service provided. In addition, we also visited two people in their own home. We spoke with four care staff, the administrator and the two directors of the service. We looked in

detail at the care records for three people, medication administration records, four staff recruitment and training files, policies and procedures and quality assurance systems.

Is the service safe?

Our findings

We looked at the recruitment files for four staff. Records showed that appropriate checks were sought as part of the recruitment process. These included an application form, employment history, written references and copies of identification. Checks had also been carried out with the Disclosure and Barring Service (DBS). A record of the disclosure date and reference number was detailed on files. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to ensure only suitable applicants are offered work with the agency.

At the last inspection we recommended the provider reviewed their recruitment processes in accordance with best practice guidance as there was no recorded assessment in relation to the decision making process and the suitability of applicants. During this inspection we saw interview records had been completed however scoring sheets used to determine if applicants were appointable were incomplete and did not identify the criteria to be met. We found two references had been supplied by the same person however the signatures on the forms differed. We raised this with the directors who were unaware of this. We also noted that one member of staff had left employment for a period of two months, one of the directors confirmed that no checks had been completed on their return to work. Furthermore we found documents were not dated and reference forms were incomplete and had not been verified.

Robust recruitment processes were not in place to ensure the safety and protection of people who used the service. This meant there was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not everyone needed assistance with their prescribed medicines. Where support was provided information was detailed in people's care plan and medication administration records (MAR's) were completed on administration. We saw an annual programme of medication training was provided and assessments of competency were being scheduled. One of the directors advised us that they had arranged to attend a comprehensive five day medication course which would enable them to effectively assess staff skills in this area.

We noted one person received some of their medication covertly in their food and drinks. This had been agreed by their GP with members of the person's family, who acted on their behalf. However information detailed on the care plan dated March 2018 stated that medicines were not to be disguised unless a written letter was provided from the GP to state this was in the persons 'best interest'. There was no evidence to show this had been provided.

We found that where people had been prescribed creams, there was no clear information to guide staff where this was to be applied, for example, a body map identifying which area of the body. There was also no guidance for staff with regards to the use of thickeners. Whilst staff were said to be guided by the person's relative there was no clear information about how this was to be used and the consistency required. Thickeners are added to drinks, and sometimes to food, for people who have difficulty swallowing. They

may help to prevent a person from choking. It is important that this information is available and recorded to ensure that people are given their thickeners consistently and as prescribed.

Clear records were needed to guide staff on the safe administration of people's prescribed medicines so their health and well-being is maintained. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were shown the services 'Contingency and Continuity' plan dated 28 March 2018. The risk assessment and actions identified within the plan had yet to be completed with relevant information and guidance for staff. We saw that environmental risk assessments were completed for each person's home. These explored the internal and external environment, control of hazardous substances, equipment and fire safety. There was no personal emergency evacuation plan (PEEPs) in place for those people with restricted mobility, who were supported by staff 24 hours a day and would need assistance in the event of an emergency. On the second day of inspection we were shown the service's PEEP's policy and template. The director said this would be completed for those people who required this support. This information is essential to guide staff and assist the emergency services in the event of an emergency arising that could affect the provision of care.

Suitable arrangements were not in place to help maintain the safety and protection of people and staff in the event of an emergency arising. This is a breach of Regulation 12(2)(b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection we received some information of concern. This was shared with the local authority safeguarding team. Matters were currently being investigated and the directors were cooperating with the local authority to resolve the matter.

Systems were in place to advise and support staff in safeguarding people from abuse. Policies and procedures were available and a programme of regular training was available. Those staff we spoke with confirmed they had completed training and were able to demonstrate their knowledge and understanding of the safeguarding and whistle blowing procedures (reporting of poor practice).

We looked at other systems in place to ensure the safety and protection of people and their belongings. We were told that none of the staff held keys to people's homes. Where necessary a key safe was available. This is where keys are kept in a secure locked box outside the person's home and can only be accessed by people with the code. People we spoke with told us, "I have a key code that they [staff] use, I am happy with this" and "I have a key safe. I have a few different carers, so they will open the door to the others."

We were told that people would be supported with their shopping where necessary. One person we spoke with said staff assisted them to access money from the bank as well as go to the shops. They said they informed staff what was needed and had oversight of all transactions. Another person told us, "They handle my bank cards and money, only if I allowed it." Staff spoke with said they did offer support, usually with shopping. However they said they did not complete financial transaction sheets to evidence money withdraw or spent. This did not comply with the services policy and procedure, which clearly outlined that detailed records were to be maintained. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection there were sixteen staff employed by the service. This included the two directors, a quality assurance officer and administrator. During our inspection we spoke with five members of staff. We were told that whilst there had been some turnover in staff, some staff had worked for the

agency for a number of years. On-going recruitment was taking place so that staff were available to support any new contracts commissioned with the service.

We asked people if they felt there were sufficient numbers of staff available so that visits took place as agreed. People told us, "Yes, there enough carers for calls, they never have to cancel. They do arrive on time. If they're going to be a few minutes late, they let me know and ask if I'm okay. But that's very rare, they're always on time" and "Some of them from the office pop down here, they come and cover if there is a staff shortage; fill in for a second carer if someone is off sick, that kind of thing. They've always had someone here, never cancelled."

Two relatives said they were concerned staff were rushed due to the volume of work and did not have sufficient travel time between visits. We discussed this with one of the directors, spoke with staff and reviewed rotas. We were told that due to staffing issues there had been some pressure on staff with an increased number of calls. However we were told further recruitment had been undertaken, changes had been made to commissioned contracts and a voluntary suspension was in place (this was lifted prior to the second day of inspection). This meant surplus staffing hours were available and provided some flexibility in rotas. Staff spoken with said they had no issues with their current workload and had enough time to travel between visits. This was reflected on the rotas we looked at.

We were told out of hours 'on-call' support was available for people who used the service and staff in the event of an emergency or issue arising. People we spoke with confirmed they had all relevant contact details should they be needed.

We asked people to tell us about their experiences and if they felt staff cared for them in a safe and consistent way. People told us, "Yes. They visit me at weekends and I'm very happy with the care" and "I do. Most of the care staff have been coming here 18 months and more. They're quite experienced at dealing with me." People said if they did not feel safe they would contact the office, adding, "If I wasn't happy, I'd phone the office and probably speak to [director]. If I need extra, I phone her and she's very accommodating" and "Normally I would speak to [director] and [director]. If I need to speak to them, I have their numbers."

People's relatives also felt their family member was cared for safely. They told us, "Yes, definitely safe. The girls that come round are polite and helpful", "Yes, I think so. I feel they are helping my relative and the service is good", "Yes, because the carer that he has is quite good, quite a capable person", "Yes. The carers that come in are caring and conscientious people. The majority of them take into account what I've asked for" and "As far as I can tell [relative] seems happy after they have been but it's difficult to judge."

We looked at how potential risks to people's health and well-being were planned for. People's records contained risk assessments that guided staff on what action they might need to take to manage and minimise areas of risk, such as moving and handling, pressure care and personal care. Where necessary people had access to relevant equipment, which was serviced by the suppliers. This enabled people to maintain their independence as well as keep them safe. People commented, "I've got my own equipment" and "All the equipment's here."

We saw that the service had infection control policy and procedures. These provided staff with guidance on the prevention, detection and control of the spread of infection. As part of the programme of training staff completed courses in these areas. Staff spoken with confirmed they had completed training and had access to personal protective equipment (PPE) such as gloves and aprons, where this was needed. This helped to ensure staff were appropriately equipped to carry out their duties.

Is the service effective?

Our findings

At our last inspection we found that opportunities for staff training and development were needed to help ensure staff have the knowledge and skills to support people safely and effectively. This was a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for this key question was requires improvement. During this inspection we found that opportunities were provided to help staff develop their knowledge and skills.

We were told the staff training record was being updated to reflect all training completed by staff. These included; moving and handling, first aid, infection control, safeguarding, health and safety, medication, fire safety, mental capacity and person centred care. An examination of staff files included certificates to evidence the training completed.

Staff spoken with confirmed they received on-going training and development and felt supported by the directors. Staff said they had the knowledge and skills needed to support the people they visited and had completed additional training in the specific needs of people, such as, autism and dementia care. We suggested the director added this information to the staff training record. They confirmed they received on-going training and development and felt supported by the directors. Staff also commented, ""We have supervisions and training", "Enjoy the work, feel supported and there's good communication", "[Directors] are flexible and supportive of staff" and "Staff are great and support each other." I think the training section needs to be re-ordered a bit – doesn't quite flow.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

During this inspection we checked to see if the registered manager was working within the principles of the MCA. The service had policies and procedures to guide staff with regards to capacity and consent and information was displayed within the staff training room. A review of training records and discussion with staff confirmed training in the MCA had been provided. Those staff we spoke with were able to demonstrate their understanding of the MCA and described how they offered people choice and encouraged them to make decisions for themselves.

A review of people's records evidenced that people had been involved and consulted in planning their care and support. People we spoke with and their relatives confirmed that staff sought their permission before providing care and support. Their comments included, "They support her to make decisions and live her own life", "They respect the choices I make", "Yes, they would just ask me if it's okay if they do it this way or that, and I just say yes" and "Yes they do."

We were told the service had been involved with the local authority and relevant parties about moving

someone into a more supported living environment. Best interest meetings had been held with the person, their advocates and the local authority so that a decision could be made.

We looked at what systems were in place for the induction, supervision and training of staff. We looked at records and spoke with the directors and staff.

We also asked people and their relatives if they felt staff were well trained and knew how to support them in meeting their needs. People spoke positively and felt staff knew them well and had the skills needed to carry out their role. People's comments included, "Definitely", "Yes, they get them shadowing first before they start. They have to do the lifting and manual handling training too before they come", "Yes, they have the skills and seem to know what they're doing", "Yes, I do. They are very good with the care they give. I feel quite confident with them", "Yes have the knowledge and skills, [carer] is quite a respectful person and does instil some confidence" and "Yes. I know that they have had some training on dementia. I think that was motivated by the carers wanting to know a bit more. Also they've mentioned they've had their medication or first aid training. So I know they are getting training."

A comprehensive induction programme was offered to new staff. This included the completion of the Care Certificate. The Care Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and should be considered as part of the induction training of new care workers. One new member of staff we spoke with told us they had completed several weeks of 'shadowing' an established member of staff, which had enabled them to learn the role. They said they, "Felt confident doing the job due to the shadowing and training provided" and "Everyone's really supportive and helped me gain confidence."

We were told there was a programme of supervision and appraisal. It was acknowledged that some staff had not had supervision for some time. However due to flexibility in rotas all staff had recently been offered supervision. A review of records confirmed this.

Consideration was given to people's diet so that people had good nutrition and hydration. Information was recorded in people's care records where this support was needed and staff had received training in food hygiene and nutrition and diet. Some of the people we spoke with said they managed their own shopping or meal preparation independently or with support from family members. Whilst other said staff would prepare meals and/or go shopping for them. People told us meals were based on their own preferences and staff would ask them what they would like to eat. People we spoke with commented, "Yes, they prepare my meals", "They don't help me with meals, but one of the staff has a car. I'll ask them to pop in the car to the Aldi to pick things up", "They help with preparing my meals, I know what I want, and [carer] gets it all ready for me and puts it in the oven ready to switch on. They prepare anything I want at the time. I'm not a very good eater so they encourage me and try to come up with other options if I'm not feeling like it. They do encourage me to eat more."

We asked people if staff offered support in making or attending healthcare appointments. Most people we spoke with told us they did not require any help and would manage themselves or with support from family members. One person did say staff helped them plan all appointments and would escort them. Staff spoken with confirmed what we were told however they said they would call for assistance if there was an emergency. One person told us, "I do that myself. But there was one morning [relative] wasn't responding well and I was quite upset. So the carer took over and rang the ambulance and didn't leave until the paramedic was here."

A review of people's records showed that the service worked in partnership with other professionals to ensure people's physical and health care needs were effectively met. People were registered with a GP and

also accessed support from other healthcare professionals such as district nurses, optician, speech and language therapists, chiropody and dentists. This helped to ensure people received coordinated support so their health and well-being as maintained.

Is the service caring?

Our findings

We asked people if staff provided the care and support they wanted and needed. People told us, "Yes, I'm happy with my support", "They reassure me. Sometimes I get a bit low they comfort me, talk with me and tell me not to worry about things. They really are caring", "Very caring. Most [staff] have been here a couple of years, so they're experienced in dealing with me and my injury", "[Carers name] is very good. They're great; they know what I want and what my needs are, very attentive. I'm just very happy. Great care from them" and "I wouldn't have it any other way."

People's relatives also spoke positively about the attitude of staff and how they cared for their relative. Their comments included, "Yes, they're very nice girls. Polite and helpful", "There's only the one [carer] that comes. They are very good, I must admit", "Yes, [carer] is good with [relative], quite laid back", "[Relative] likes [carer] coming, looks forward to Thursdays", "They are caring and kind when they come out. Some of them are laid back and just sit and talk to him but they do their job", "The staff are very good and attentive about [relatives] condition. They're interested in [relative] and want to know them" and "I'm really happy with what they do and it's nice for [relatives partner], because they are comfortable with them too."

Staff spoke in a caring and compassionate way about people who used the service. They had a good knowledge and understanding of people and were able to tell us what was important to them.

We asked people if staff listened and acted on what they said. People told us, "If I need to go a bit slower, they're very good", "Yeah, they do" and "Yes, they would take on board what I had to say." They respect my wishes." One person's relative also said, "Listen to you, definitely. [Another relative] was poorly recently, and the carer was here. She offered to ring the ambulance for us, got it arranged while we got [relative] ready to go to hospital."

People told us that staff were respectful and considered their privacy and dignity when offering care. People gave examples of where staff assisted them with personal care in a sensitive manner. One person said, "They respect the choices I make." Staff spoken with were also able to give us examples of how they offered support in a dignified way, for example, providing care in private, closing curtains and doors and giving people privacy when using the bathroom.

People said they were assisted to maintain their independence as much as possible. One person said, "When I can't reach my arm out, they encourage me and will help pull my arm up to stretch and move my fingers" and "They help me to get a positive head on but they understand when I'm weak and I can't do it, they don't push me." The relatives of one person also told us, "They arranged for [relative] to go out for a break so they get some time out." Another added, "It's not just about my palliative care, it's also about having a bit of a laugh. I do crosswords with them, and word games."

We asked people if they were helped to maintain contact with family and friends as well as maintain links with the local and wide community. One person told us, "My [relative] lives over the road, the carers will get them if I ask", "Carer will help me send a message on my phone if my fingers aren't good" and "I only need

the phone for that, I've got a touchscreen phone, I can do that myself."

The service employed a mix of male and female support staff. Where possible this enabled them to provide same gender support based on people's individual wishes and preferences. This was recorded in people's care records.

We saw information about people who used the service was treated confidentially and stored securely in the main office.

Is the service responsive?

Our findings

We asked people and their relatives if they were involved in the care planning process so that information reflected their views and how they wished to be supported. People we spoke with said they had been involved in planning their care and support. People said they had copies of their care records along with information about the agency, such as the office and out of hours contact details and a copy of the complaints procedure. During our visits to people's homes we saw evidence that this information was readily available.

We reviewed the care records for three people. Assessments of the person were completed prior to support commencing. This information was used to develop people's support plans. Care plans provided good person centred information about people's routine and what support was wanted and needed during each visit. Relevant assessments were completed where risks had been identified and additional monitoring was put in place. This information helped to guide staff in meeting the individual needs and wishes of people.

We also saw evidence that records were kept under review and included discussions with the person and other relevant parties. This helped to ensure information reflected people's current and changing needs. People we spoke with confirmed that they were involved and reviews had taken place and were satisfied with the care they received. Two people commented, "Yes. Every six months we do a review", "I give them some input into it, yeah", "If I think things are not going the way that they should be, I will tell them." People's relatives also commented, "They have reviews and ask if there's any other way they can help, in an emergency or something", "With [relative's] situation changing, we're going to have another review soon", "They have done, yes" and "They do ask how the carers are doing in terms of providing care. The [director] has been and [social worker] from the Council visited a few days ago. His job is to ensure that they're doing the job correctly from his perspective."

We looked at how the service reported and responded to people's complaints or concerns. Information about how to make a complaint was included in the information pack given to people when they started to receive a service from Prime Support. People we spoke with confirmed information was provided. They told us, "They do give them out [procedure], I've read through them with help", "I think the complaints procedure is in the folder", "I have not complained in the past. But I do feel they would listen to me and something would be done" and "Well, I'd like to think it would be dealt with."

People's relatives also commented, "I've not had to report any but I feel concerns would be taken seriously", "No we haven't. We have the phone number for the office and we would feel comfortable speaking to them" and "We don't have a lot of contact with the office, but would think concerns would be taken seriously." The relatives of one person we spoke with during a visit to their home said that they had previously raised concerns about inconsistent care for their family member. The provider had initially been slow in resolving the matter. However we were told that improvements had been made to the service provided and that communication was now more responsive to their requests.

A review of records showed that any concerns were taken seriously and acted upon. Records detailed the

issues raised and the action taken. This helps to demonstrate that people's concerns are listened too and acted upon.

Is the service well-led?

Our findings

We received a mixed response about the management of the service. Whilst some people said the managers were helpful and approachable, others felt communication and organisation was at times poor. Their comments included, "Yes, if I want to", "If I have an urge to speak to any of them, yes. They're fine", "I feel I could talk to them if I had any concerns. [Director] said to me before that if I ever have any problem with the service, I need to speak to them and let them know", "I can speak directly to the owner, and she does seem to take on board things" and "Yes, approachable and very friendly, [director] gave us their mobile number for emergencies and said if there's any way they can help, they will." Other people told us, "I have only seen them once, 18 months ago, and have not seen them since", "Management, the right hand doesn't know what the left hand is doing" and "The management has been very poor, to be honest."

People's relatives said that improvements had been made to the management of the service. One relative said, "There have been times when I've thought the management could do better, but the caring is good" and "We've been with them for two and a half years. It is much improved from what it was. They're a lot more organised. We get consistent carers, which is important for [relative]. They've improved from this time last year. I don't feel there has been an issue with the office over the last 12 months." The relatives of two other people said that things had improved and they had no hesitation in contacting the directors if necessary.

We discussed with the directors the need for stable and consistent management so that they were able to make and sustain any improvements needed. The service has had several changes in management since its registration in December 2013. Whilst the service had a manager who was registered with the Care Quality Commission (CQC) they had resigned just prior to the inspection. We were told that one of the directors was to make application to become the registered manager and would oversee the care and support provided by people. A second director would oversee other areas of the business. They were supported by a quality assurance officer and administrator.

Staff spoke positively about the management of the service. They said the directors were approachable and supportive. Staff commented, "Management is better, listen to staff more", "Seems calmer and more organised", "They're good and act on things" and "More recently it's been a lot better, things are improving."

We looked at what systems were in place to monitor and review the quality of service people received. We were told that monthly checks were made to the medication records and communication diaries. A review of records showed this was not always consistent. No further audits or checks were completed to evidence good governance and oversight of the service, for example the monitoring of any accident and incident, complaints, staff training and development needs and recruitment checks. In discussion with the directors, we were told they had relied on the registered manager to implement relevant systems however acknowledged they had not ensured these had been implemented.

We were told that 'spot checks', 'observations' and medication competency checks were carried out. These checks explored areas such as; punctuality, attitude and whether staff adhered to people's care plan.

However, one of the directors confirmed and records showed this had not been completed for some members of the team. Arrangements had been made for updated checks to be completed on all staff.

We looked at how the service sought feedback from people about the quality of the service they received. The directors told us that feedback surveys were distributed on an annual basis and explored the quality of care provided. A summary of the results were completed however these were not dated. This was identified at our last inspection. Therefore, we could not be certain when they had been completed.

We received a mixed response from people and their relatives about if and when their views were sought. One person we spoke with said, "There's been no surveys for a while, I did have one a year or so ago", "They do questionnaires, but I can't fill them in on my own. I could do them with a family member", "They have asked for feedback. I used to see the manager and she would ask how the staff were doing. One of the seniors also asks how staff are doing when she's here working. She feeds that back at the office", "We get a questionnaire; it's happened once since we've used them. We've been with them for two years", "No. The management came around at the start, telling us what they could do for us, and where they could take [relative], but we've never seen them since, but we're happy with the care" and "Nobody's really asked for feedback. We just see the carers."

We discussed with the directors their plans for improvement. It was recognised that work was needed to improve records relating to people's prescribed medicines, staff recruitment, emergency procedures, the management of people's finances and quality monitoring. The directors were in the process of developing a business improvement plan identifying work priorities. This helps to demonstrate the service is making continuous improvements so that people experience good quality care.

We discussed the inspection findings with one of the directors. They acknowledged that there had been some 'slippage' as governance systems were not in place. However, they felt that changes within the management structure would now enable them to have better oversight and monitoring of the service.

Effective quality monitoring systems were not in place to develop and improve the service for people. This is a breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

People and their relatives were also asked to leave reviews about the service on an independent website. A review of this site showed that eight reviews had been provided by relatives of people during 2016 and 2017. Responses were positive and rated the service 'good' or 'excellent'.

We were told that opportunities were also provided for staff to share their views or ideas about the service. We saw that staff surveys had been completed. Responses were positive about the management of the service and training provided. Records showed that meetings were held with office staff. However, care staff said they were not involved in such meetings. One member of staff we spoke with felt meetings would be helpful, whilst others said that communication between staff was good and they were kept informed. We were told arrangements for staff meetings would be considered.

The agency had policies and procedures in place, which were kept under review. All staff were provided with an employee's handbook. This included the aims of the service and code and conduct.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of events such as safeguarding concerns, accidents and incidents. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

It is a legal requirement that the provider displays the overall rating for the service following an inspection. We saw this was available in the agency office and on the provider website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Clear records were needed to guide staff on the safe administration of people's prescribed medicines so their health and well-being is maintained. Regulation 12(g)</p> <p>Suitable arrangements were not in place to help maintain the safety and protection of people and staff in the event of an emergency arising. Regulation 12(2)(b)(d)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Clear records were not completed with regards to financial transaction made on behalf of people ensuring they were protected. Regulation 17(2)(c)</p> <p>Effective quality monitoring systems were not in place to develop and improve the service for people. Regulation 17 (1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Robust recruitment processes were not in place to ensure the safety and protection of people who used the service. Regulation 19</p>

