Care Quality Commission

Care UK Homecare Limited

Care UK DCA (Sheffield)

Inspection report

15 President Buildings
President Way, Saville Street East
Sheffield
S4 7UQ
Tel:0114 279 8228
Website: www.careuk.com

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Inadequate
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

Care UK Homecare Limited is a nationwide provider of community services. The Sheffield branch, Care UK DCA (Sheffield) is registered to provide personal care. Support is provided to older people and younger adults in their own homes throughout the city of Sheffield. The office base is located in the S4 area of Sheffield, close to bus routes and transport links.

At the time of our inspection the service was supporting approximately 400 people.

This inspection took place on 6, 9 and 10 March 2015 and short notice was given. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. As part of the inspection, we visited three people in their homes and spoke with them and two of their relatives. We also spoke over the telephone with 40 people who used the service and/ or their relatives to obtain their views of Care UK DCA (Sheffield). We visited the office and spoke with thirteen members of staff, including the manager, the care manager, resource allocators, field care supervisors and care workers.

Summary of findings

Our last inspection took place on 27 January 2014. The service was found to be meeting the requirements of the regulations we inspected at that time.

This location requires 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.

The registered manager had left the service a few months prior to this inspection. The new manager had commenced in post in January 2015 and had applied to register with us.

Some people spoken with said they had a regular care worker that they knew well. People told us their regular care workers were kind, caring and considerate. They told us they felt safe with their regular care workers. However, inconsistent staffing arrangements meant people using the service sometimes had care delivered to them by staff that were not known to them.

People said when their regular care worker was not visiting they did not know who to expect or what time to expect them. Other people told us they did not have a regular care worker and never knew who would be visiting them, which they did not like.

The provider did not have adequate systems to ensure the safe handling, administration and recording of medicines to keep people safe.

The provider had undertaken all the checks required to make sure people who were employed at Care UK (Sheffield) were suitable to be employed.

The provider did not have systems in place to ensure people's care and welfare was protected. People did not receive a service that always met their identified need. People told us that the service was sometimes unreliable. Care workers did not always visit at the agreed times or stay as long as they should.

We found care plans had not been reviewed and some held inaccurate information that did not reflect the needs of the person being supported.

Systems were in place to make sure staff were provided with relevant training so that they had the skills to do their job. When we saw carers providing care to people who used the service we saw that they did so in a caring and respectful manner.

Staff had not received supervision or appraisal for development and support in the last twelve months.

The provider did not have adequate systems required by regulations to quality assure the service being provided.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not safe.

Medicines records were not always maintained and care plans contained inaccurate information regarding medicines. People did not know who would be supporting them.

A thorough recruitment procedure was in operation. Staff were aware of whistleblowing and safeguarding procedures.

Requires improvement

Is the service effective?
The service was not effective.

People who used the service and their relatives did not receive effective communication from office staff.

There was not sufficient continuity of care for people who used the service, which meant people did not always have their care needs met.

Staff had not received any supervision or appraisal for development and support in the last 12 months.

Relevant induction and training was provided to staff to ensure they had the skills required for their role.

Inadequate

Is the service caring?
The service was not always caring

People who used the service could not always be sure that the care worker sent to them would be familiar with their individual care requirements. People found their regular carers kind and respectful.

Staff knew to always maintain confidentiality.

When we visited people in their own homes we saw care workers knew the people they provided care to well and related to them with dignity and respect.

Requires improvement

Is the service responsive?
The service was not responsive.

People told us that times of calls were unreliable and did not always follow agreed plans. Care staff did not always stay for the full length of time agreed. The provider did not let people know if their scheduled care was to be interrupted or changed in some way.

People's care and support was not always identified and provided in line with their needs.

Requires improvement

Summary of findings

People and relatives told us when they raised any issues with staff and managers; they felt their concerns were not listened to.

People's care plans had not been reviewed to make sure they were accurate and up to date since they had been written.

Is the service well-led?

Requires improvement

The service was not well led.

Team meetings did not take place where staff could discuss various topics and share good practice.

There were inadequate quality assurance and audit processes in place. Audits by the management had not been routinely carried out. Questionnaires and spot checks had not been undertaken to identify and act on any gaps identified.

Some policies and procedures could not be located. Other policies had not been reviewed at the identified time.

Care UK DCA (Sheffield)

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 checked 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 over three days on 6, 9 and 10 March 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that the manager and some care workers would be present to talk with.

Two adult social care inspectors and two experts by experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts by experience had experience in caring for older people and people living with dementia.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received about the service and notifications submitted by the service.

We also contacted commissioners of the service and Healthwatch Sheffield. Healthwatch is the national consumer champion in health and care and networks to share information, expertise and learning in order to improve health and social care services. This information was reviewed and used to assist with our inspection.

During the inspection we met with three people who used the service and two relatives. We also spoke over the telephone with 40 people who used the service and/ or their relatives. We visited the office and spoke with 13 staff, including the manager and care workers. We spent time looking at records, which included six people's care records, four staff records and other records relating to the management of the service.

Requires improvement

Is the service safe?

Our findings

We asked people about the support they get with their medicines. One person told us, "Yes they give me my tablets but if they are late I take them myself."

One relative told us "They [care workers] give [my relative] their tablets but we sometimes find them on the floor. This is not safe because they are not always supervising [my relative] properly."

One relative telephoned us shortly after our visit to the office base. They told us, "Carers visit twice a day to give [my relative] their medication and to put on cream. [My relative] has a really bad skin condition and I can tell that they [staff] don't always apply the cream, it shows. They [care workers] are supposed to order medication, it says in the care plan, but there have been times when [my relative] has gone without because of a lack of communication."

We visited three people in their homes. Two people were supported by Care UK staff to take their medicines. We checked the Medication Administration Records (MAR) for both people and found they had not been accurately or fully completed. One MAR had gaps where staff had not signed to say if medicines had been given. One person was prescribed medicine for pain relief, four times each day. Both their MAR and journal (records of each visit made by care workers) held gaps which meant it was not possible to know if the person had been given their pain relief.

One person's care plan stated that staff were to 'administer medication'. The person being supported and their relative both verbally confirmed that staff did not help with medicines as the family did this.

One person told us that care staff left their night time medicine in a pot for them to take later, as the medicine made them 'sleepy' and they did not want to take it at the time care workers called. We checked the persons MAR and care plan. The care plan stated 'staff to administer medication'. There was no detail regarding instructions for care workers to put the medicine in a pot for the person to take later. MAR charts had been signed to confirm that medicines had been administered when staff had not witnessed this.

These examples demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Management of medicines, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

People told us that care staff helped with their medicines. One person said, "They [staff] come three times a day. They help me with my tablets. I took too many last year so I knew I needed help and it's less of a worry for me now."

We checked the MAR of two people at their home. The medicines corresponded with the details recorded on the MAR.

People spoken with said that they generally felt safe. One person told us, "There was only one occasion when I was frightened. A man rushed in and I didn't know who he was. [My relative] had a word [with the office] and he hasn't been since. I feel safe with all the others [care workers.]

All of the staff spoken with said that they had been provided with induction training which included medicines management. Staff told us that they were unable to administer medicines until a manager had visited them in a person's home to observe administration and check their competency.

Whilst we were visiting a person who used the service we found a field care supervisor, who is a senior member of the care team and responsible for supervising care workers, was undertaking a 'medication competency assessment' with the care worker. We saw that administration was observed and the field care supervisor asked the care worked questions about procedures and actions required of them. We spoke with the field care supervisor who confirmed that the assessment was completed for all care workers before they were 'signed off' as competent to administer medicines.

We looked at four staff files. Each contained an application form detailing employment history, interview notes, two or three references, proof of identity and a Disclosure and Barring Service (DBS) check. We saw that the company had a staff recruitment policy so that important information was provided to managers. All of the staff spoken with confirmed that they had provided references, attended interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to

Requires improvement

Is the service safe?

ensure people employed were of good character and had been assessed as suitable to work for the service. This showed that recruitment procedures at the service helped to keep people safe.

Staff confirmed that they had been provided with safeguarding training so that they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can safely report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

We found that a policy on safeguarding people was in place so that staff had access to important information about their roles and responsibilities. However, whilst the manager reported that a policy on handling service users' money was in place, this could not be located. We found the 'guide for support workers' handbook stated that staff "will be made aware of the procedures related to the management of monies by your line manager and it is your responsibility to ensure procedures and record keeping related to the management of monies is followed on every occasion." This meant that important information about handling people's money was not available to staff should they need to support people with this. The manager informed us no staff handled service users' finances at the time of this inspection.

We looked at three people's care records at the office base and three people's care records in their home. We found that assessments had been undertaken to identify risks to people who used the service. These included environmental risks and any risks due to the health and support needs of the person. However, the three risk assessments seen at the office had not been reviewed since they had been written and at the identified date to ensure they remained up to date and promoted people's safety. This was brought to the attention of the manager who confirmed that these risk assessments would be updated as a matter of priority.

Inadequate

Is the service effective?

Our findings

Some people we met with and spoke with told us the service was not delivering care in a way that met their individual needs and ensured their health and safety. For many of the people we spoke with, the effectiveness of the service was often affected by late and missed visits. People said that care workers were often late and they didn't know who would be visiting. Comments included; "There has been some improvement in the last fortnight, but we can't rely on them [the agency,] Some morning calls are so late we have to see to [our relative], we can't leave her wet," "Sometimes visits are missed. No carer came for a late visit recently and we had to help [our relative] to bed," "Recently we had to see to [our relative] because no one had arrived by lunch time [to help them get up]. We phoned the office and they said no one was available for an hour, an hour and a half. That's happened a couple of times" and "I don't know when to expect them."

People we spoke with told us that they did not know who would be visiting them. Comments included, "It can be hit and miss. If the same person comes then it's fine but you never know, it's always different especially at weekends," "I don't know who they are, they just help with my tablets" and "I have one regular [care worker] but don't know who will be coming, I never know who to expect."

A relative told us that their loved one lived with Dementia, which meant that a consistent staff team would be beneficial to this individual. They told us, "The regular staff are okay at time keeping but we often have replacement staff and they are not as good. They turn up too early or too late and either of these cause [my relative] to be upset. The office only let me know if the staff are so late they practically miss the call."

Another relative told us their loved one received communion on Saturday mornings and relied on care workers to be there to open the door for the priest. They commented, "This is very important to [my relative] but the carers are regularly late and the priest has to go away because he can't get in."

One person told us that care workers often did not know why they were visiting. This person had an agreement for two visits each week to help with domestic tasks. They said, "They [care workers] should come in the morning because that's the best time for me (for my health), but they come at lunch time expecting to help with my lunch. I don't need help with that. I want help with cleaning. They're not reliable. It's one carer after another" and "I've had two missed calls recently. If they [the service] are running late or having problems finding someone to visit they could at least ring me up. I have no complaint about the carers themselves, but it is winding me up."

Some people told us that some visits were shorter than agreed. One person commented, "They [care staff] often only stay for five minutes, the care plan says they should be here for 15 minutes." Another person told us, "They [care staff] don't stay long."

Two of the three care records checked during visits to people's homes showed that care workers were not staying for the full length of time agreed in the care plan. In both plans visits of 15 minutes duration were scheduled. Records showed that some visits lasted three minutes, five minutes and seven minutes. We saw one record that indicated the visit had lasted for one minute. Some records did not detail a leaving time so the duration of the visit could not be determined.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Care and welfare of service users, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care.

We asked to see the written policy for staff supervision which the manager could not locate. The manager informed us that staff should be provided with supervisions six times each year. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Following the office visit the manager provided us with the 'Care Worker Handbook'. This detailed that 'Supervisory sessions will be arranged for all care workers." All of the staff spoken with said that they had not received any supervision from their manager, for appraisal, development and support. The three staff files checked showed that no supervision meetings had been held. The records showed that one staff had been working for Care UK for one year and four months, another for nine months, the third for four months. None had received supervision in that time.

Inadequate

Is the service effective?

This example demonstrated a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Supporting workers, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

People spoken with were more positive about the regular care workers they had. Comments included, "My regular [care worker] is very good. I don't think they could do much else for me" and "We have a regular now so things have got a lot better."

During one visit to a person's home the care worker was present. We saw that they interacted in a kind and friendly manner with the person being supported and they appeared to know each other well.

People told us that staff helped them with meals and made sure they had a drink so that their nutrition and hydration needs were met. Care plans identified when support with meals was required.

People told us they had access to health care professionals and visits from care workers dis not hinder or restrict these.

We asked people and their relatives if they found it easy communicating with the office staff. They told us that communication was sometimes a problem. Comments included, "I have tried to speak with them [staff at the office] [about short visits] but I'm not getting anywhere," "I don't expect them [care workers] to be bang on time but I need them earlier. I've tried to get it through to them. I've rang numerous times but nothing changes" and "When I've talked to them about late visits they just said they have a heavy schedule, that's not helpful."

One relative told us, "A carer put in [our relative's] book that they had reported to the office [our relative] needed two carers. We never heard anything."

We checked this person's journal and found an entry made the month prior to this inspection which detailed "Reported to office suggested two carers as [they] are struggling with support from one carer." And "Assisted to stand, as [they] turned to get up [they] lost balance." No evidence of any follow up was recorded and the relative confirmed that they were not aware of any response from the office. We spoke with the manager about this and they gave assurances that this would be followed up and acted upon.

All of the staff spoken with said that the training provided by the agency was 'good.' Training records showed induction training was provided that covered mandatory subjects such as health and safety, and also included subjects such as choice and control, person centred planning and confidentiality. New staff shadowed a more experienced member of staff before working on their own. Staff said the induction training was also 'good.'

Staff spoken with said they were up to date with all aspects of training. We looked at the training records and these showed that a range of training was provided that included safeguarding, infection control, moving and handling and medication. We found a system was in place to identify when refresher training was due so that staff skills were maintained. The manager told us that if refresher training was not provided and logged on the system the care worker was automatically removed from calls until the training had been completed. We saw that some staff had been identified for refresher training and a person at the office had specific responsibility to book the training so that this could be managed.

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. Where someone is living in their own home, applications must be made to the Court of Protection. We saw that the provider included MCA and DoL'S training in its arrangements for safeguarding training and that staff records showed they had received this training. Staff spoken to had some understanding of MCA but were less clear of DoLS. This was discussed with the manager who gave assurances that this would be addressed in training competency assessments.

Five of the six care plans checked had been signed by the person being supported to evidence their agreement and consent. One care plan recorded that the person had been asked but refused to sign the care plan. This showed that people agreed their plan of care.

Requires improvement

Is the service caring?

Our findings

People did not always find the service caring because they could not be guaranteed consistent staff that knew them and understood their preferences and needs. When we spoke with people about the standards of care, for most people the overriding issues were the lateness of staff, visits at wrong times, missed visits and not knowing who would be supporting them. However, people were satisfied with the attitude of the staff and treatment they received from care workers and especially from their regular care workers if they had them. One relative commented, "The care staff are pleasant and gentle with [my relative] and they announce who they are on entry." Another person told us, "The care staff are polite and respectful. They respect my home."

People said care was not as good when an unfamiliar care worker was allocated. Comments included, "I never know who is coming, it's always different faces" and "It's so much better when [my regular care worker] comes. She knows what I need."

We looked at the journals kept in people's homes where staff had recorded their visit times. It was evident that people experienced different carers from the varied handwriting and signatures in the journals. Two journals showed eight different signatures over a period of four days. Some care workers had not signed the journal but people were unable to recall the names of their different care workers. One person told us, "It changes all the time."

People were most satisfied with their care when they had a regular care worker who they knew. Those people told us, "I had a regular [care worker] before Christmas but they retired. She was great. She knew me and what help I needed," "[Name of staff] is a regular [care worker]. She is lovely, very caring and always has a smile for me. I enjoy her visits and she always sees to it I get the help I need" and "[Name of care worker] is my regular. She helps with my breakfast. They always ask just how I like it. They are always polite and I don't think they could do much else."

We visited three people in their homes and spoke with them and two of their relatives. We were able to observe how care workers related to people who used the service. On the day of our visits one person was receiving support from a care worker that they knew well. We saw the care worker treated the person with respect. We saw they considered privacy and dignity when talking with the person and explained what they proposed to do. One relative told us, "We have a regular [care worker] now so things are a lot better. We can rely on them [the regular care worker]. They are very good and care about [my relative.]

People told us that care workers respected their privacy and they had never heard care workers talk about other people they supported. This showed that staff had an awareness of the need for confidentiality to uphold people's rights.

We spoke with thirteen staff about people's preferences and needs. Staff were able to tell us about the people they were caring for, and could describe their involvement with people in relation to the physical tasks they undertook. Staff also described good relationships with the people they supported regularly.

Requires improvement

Is the service responsive?

Our findings

Some people told us that they did not always find Care UK responsive to their needs. One person told us, "Last week I was supposed supported to go to hospital. I rang them [the agency] to let them know I needed to be ready by 8am. No one came so I had to rearrange my appointment." Another person said, "I've told them [the office] that I want my visit earlier but I can't get it through to them." A relative told us that the Care UK was unreliable and did not respond to their loved ones needs. They commented, "[My relative] can be obstinate and they don't like strangers touching them. Not every carer follows the care plan. [My relative] is supposed to have support with a shower. They can be cajoled but carers just leave it. Other calls only last five minutes I have tried to speak with them [the service] but I am not getting anywhere." Another person told us, "'I have often raised the timekeeping issue but they do not even acknowledge these."

Other people told us they were generally satisfied with the response from management if they had to contact them. One person told us, "Yes, the manager is very good; she has been herself to cover for sick staff." Another person told us the agency were responsive when the family needed additional cover over the Christmas period. They commented, "We told them what we needed and we got it."

The service was not responsive because it was not reliable. People could not be assured that the service from Care UK (Sheffield) would provide them with care as agreed. We found that care records were not person centred or accurate which meant that staff should not always respond to people's needs.

We checked three care plans during visits to people's homes. We found that two care plans held inaccurate information. One plan stated that the person received support from a loved one that lived with them. A relative informed us that this loved one had passed away two months prior to our visit. The care plan also stated 'carers to administer medication from the blister pack' and 'prepare lunch'. A relative told us that the family supported the person with this and staff had never been involved with these tasks.

Another care plan checked stated 'empty commode' and 'leave sandwich for lunch.' The person told us that they had not had a commode for a few months and had never needed a sandwich making for lunch. They commented, "They [staff] did ask me, but I said no, I didn't need that help. I see to it [lunch] myself." This person's care plan stated 'will be reviewed annually unless any changes.' Significant changes had occurred but the care plan had not been updated to reflect these.

We found that other care plans and risk assessments seen had not been reviewed to make sure they were up to date and relevant. None of the three care plans and risk assessments checked at the office base had been reviewed. The plans and risk assessments stated they needed reviewing in November 2013, September 2014 and October 2014 respectively. The care files did not contain any evidence that these had been completed.

It was not possible to look at the daily records (journals) that related to the care plans checked as these could not be located at the office. However, we did look at three other journals to check that records were being maintained. One person's most recent records (available at the office) were dated November 2014; another person's were dated September 2014. We found gaps in recordings in all three journals. Some records did not indicate that a visit had taken place; some did not record the staff name or the times of the visit. Some records did not detail the number of visits that should be recorded.

These examples demonstrated a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Records, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

Some staff spoken with said that their weekly rotas were often problematic. They were sometimes incorrect regarding the times of visits. Some staff said they received their rota on a daily basis.

We found that information on complaints had been provided to people in the service user guide. The manager had started a complaints log, which we saw. This detailed the nature of the complaint and the actions taken in response to the complaint. The manager stated that previous complaints records had been difficult to understand and navigate. We saw that the manager had taken appropriate action to investigate people's complaints so that people could be satisfied their concerns were dealt with effectively.

Requires improvement

Is the service well-led?

Our findings

The service had a manager who had been in post since January 2015 and they had applied to register with us.

We found that the service did not have an effective system to regularly assess and monitor the quality of service that people received.

We looked at the services policy file. The policy on Community Services Quality Assurance stated that an annual postal questionnaire should be sent to people using the service and that a branch file audit of five worker and five service user files should be internally audited each month. It also stated that a monthly activity monitoring report should be completed by quality managers and a full branch audit should be completed annually.

The manager told us that no questionnaires had been sent to people using the service to obtain and act on their views. The manager told us that a monthly audit had been undertaken by the area manager in December 2014, but this could not be located. The manager also said that the area manager had explained and gone through a blank managers monthly audit tool, which we saw, but no audits had been undertaken since she commenced in post.

We selected eight care plans to choose from and asked for the Medication Administration Records (MAR) and Daily records (journals) for these eight files. No MAR records and only four journals could be found. The manager said that these were not being returned to the office as they should and arranged for a Field Care Supervisor to collect these. This meant that these records could not be audited and checked as part of the monthly care records audit to identify and act on any gaps.

All of the care workers spoken with said they had not had a spot check. A spot check is when a senior member of staff attends a visit with a care worker to observe their work practices to report on such things as timekeeping, appearance, and how the care worker related to the person using the service.

These examples demonstrate a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Assessing and monitoring the quality of service provision, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

The manager told us that they received weekly visits from the area manager for support. The manager had developed an action plan to deal with the issues she had identified, which we saw.

The manager reported that twelve office staff had left in recent months following the previous manager's departure. Recruitment had taken place to replace these staff.

Some people told us that there had been a change in management and this had improved the service. One relative said "They have changed the office staff, for the better "A person supported by Care UK DCA (Sheffield) said, "They are beginning to get better."

All of the staff spoken with said that the atmosphere in the office had changed for the better since the changes in management. Whilst staff said they could approach managers and report concerns, two staff said that they had not received any feedback from concerns reported to management. Staff said that they did not know all the staff in the office or 'who was who'.

We found that some quality assurance audits had commenced and saw telephone reviews had taken place to obtain people's views of the service provided. However, these had not been audited to check if there were any patterns in issues reported.

We looked at the policy and procedure file. Some policies requested could not be located, for example the policy on staff supervision. Other policies seen had not been reviewed at the dates recorded to ensure they were up to date and accurate.

We looked at the staff meeting file and found that staff meetings did not take place on a regular basis to share information. Of the five teams, none had held a meeting within the last year. One areas most recent staff meeting record was dated May 2011. This meant that communication systems in the office were not effective. The manager told us that she had not held a meeting since she had commenced in post but was planning this to share information.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Procedures for the proper and safe management of medicines were not always adhered to. Reg. 12

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How the regulation was not being met: People did not always receive person centred care and treatment that was appropriate and met their identified needs. Reg.9

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: People employed by the service did not receive appropriate supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Reg.18

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met:

This section is primarily information for the provider

Action we have told the provider to take

Systems were not in place to ensure an accurate and contemporaneous record in respect of each service user was maintained. Reg.17

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Systems were not in operation to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Reg.17