Morepower Limited

AQS Homecare - Hampshire East

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 7 and 8 March 2017. The inspection was announced.

AQS Homecare Hampshire East provides personal care to people who live in their own homes. They provide services to older people, people living with dementia and younger adults. At the time of our inspection there were 101 people receiving personal care from the service. There were 43 care staff, two senior care staff, one recruitment officer, one referrals co-ordinator, three co-ordinators who planned people's care, which included one senior care co-ordinator, a training officer and an operations manager.

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

Although people said they felt safe and were contracted to receive a non time specific service; people were not aware of this arrangement and said they experienced late or rushed visits as a result of insufficient staffing levels. We have made a recommendation for the provider to ensure people understand their contractual obligations. Although people did not always receive their visit on time we did not receive any concerns that this impacted on them receiving their medicines; therefore safe medicines practices were followed.

Safe recruitment processes were followed. Staff demonstrated a good understanding of safeguarding processes and were able to identify potential signs and symptoms of possible abuse and they knew how to report these concerns.

Risk assessments were in place but did not always contain sufficient information on the risks associated with people's care or how to minimise risks to people. However staff demonstrated a good understanding of the risks related to people living in their own homes.

Staff training and supervision had improved although some staff still had not received updated training in required subjects. However there were action plans in place to ensure staff received this training. Staff had not received an appraisal until the week of the inspection. Staff felt management were open and supportive and felt confident to question practice.

Some people did not always receive support with their meals due to late visits; however risks to people's nutrition had been identified, assessed and included in their care plan.

Staff demonstrated a good understanding on how to respect people's privacy and dignity when providing care to them, however in times of insufficient staffing levels people's privacy and dignity may not be respected as family were requested to provide care.

Care plans were completed and reviewed but did not always contain information that had been identified in people's initial assessments and risk assessments. Some care plans were task focused and did not include information on how staff were required to support people with certain tasks and what people could do for themselves. Although care plans lacked detail and were not always accurate staff provided people with the care they required.

Audits were in place to monitor the overall quality and safety of the service and systems were in place to learn from incidents, accidents, complaints and concerns. Although people continued to raise concerns about insufficient staffing levels; there had been an improvement with the number of late visits since the last inspection and missed visits had not occurred.

Notifications had not been received by the Commission for four of the five safeguarding concerns raised since the last inspection.

Responses were mixed with regards to communication. People felt this could improve because they did not feel listened to with regards to late visits. Staff, however; found communication had improved.

People felt staff were kind and caring but sometimes felt rushed due to insufficient staffing levels.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 and the importance of choice, decision making and consent.

People were supported to access Health care services.

Complaints had been received into the service and dealt with appropriately.

The provider had displayed their rating conspicuously.

We identified one breach of the Care Quality Commission (Registration) Regulations 2009 and made one recommendation. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Missed visits had not occurred since the last inspection. People were unaware of their contractual obligations regarding times of calls and stated they still experienced late or rushed calls.

Risk assessments did not always contain sufficient information on the risks associated with people's care or how to minimise these risks.

Peoples medicines were managed safely and safe recruitment practices were followed.

Staff had a good understanding of how to identify and report potential abuse.

Is the service effective?

Requires Improvement

The service was not always effective

Training had improved but not all staff had received updated training. Staff had received an induction in line with recognised standards

Staff had received a supervision but had not received an appraisal until the week of the inspection.

Risks to people's nutrition had been identified but people did not always receive support with their meals. People were supported to drink sufficient amounts.

Staff demonstrated a good understanding of capacity, decision making and consent.

People were supported to have access to Health care services.

Is the service caring?

Requires Improvement

The service was not always caring

People said staff were kind and caring but questioned this when

people felt rushed.

People's privacy and dignity may not be respected at all times.

People felt listened to and involved in their care.

Is the service responsive?

Requires Improvement

The service was not always responsive

Care plans in place did not contain all the information required for staff to support people with their care. However people told staff what care they required and as a result felt staff meet their needs.

Complaints were received and dealt with appropriately, however people did not feel their concerns were always listened to.

Is the service well-led?

Requires Improvement

The service was not always well led

People felt communication could improve between them and the office. Staff felt communication had improved.

The Commission had not been notified of all safeguarding concerns received.

Audits were in place to monitor the quality and safety of the service and improvements were seen in the reduction of missed and late visits.

Staff felt supported to question practice.

The provider had displayed their rating.

AQS Homecare - Hampshire East

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 7 and 8 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of two inspectors and two experts 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. The experts areas of expertise included, people in the early stages of dementia and older people who used regulated services.

Before the inspection we reviewed safeguarding records and other information of concern received about the service. We checked if notifications had been sent to us by the service. A notification is information about important events which the provider is required to tell us about by law. We spoke with the Local Authority safeguarding and commissioning teams. This inspection was brought forward as a result of receiving some concerning information about the service.

During the inspection we spoke with 28 people who used the service and four relatives. We also spoke with nine care staff, the senior care co-ordinator, the registered manager, operations manager, training officer and the recruitment officer.

We reviewed a range of records about people's care and how the service was managed. We looked at plans of care for seven people which included specific records relating to people's capacity, health, choices,

medicines and risk assessments. We looked at daily reports of care, incident and safeguarding logs, compliments, complaints, service quality feedback forms, audits and minutes of meetings. We looked at the training plan for 50 staff members, recruitment records and training records for seven staff members and spot check and supervision records for seven care staff. We observed manual handling and medicines training being carried out for three new care staff.

We asked the provider to send us information after the visit. This information was received.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe when receiving care. People and their relatives confirmed they would feel comfortable raising a concern if they needed to. We received comments such as, "I feel safe with staff because they know exactly what to do." "I feel safe, no worries, they give me confidence." "I feel safe, they are very careful when they give me care, I have the carers I want." "I am ever so relaxed with the carers, I feel safe in their hands." However, although people said they felt safe they raised concerns about staffing levels and did not feel there were always enough staff to meet their needs, particularly at the weekends and times of staff sickness.

At our last inspection in March 2016 we found the provider to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider failed to deploy sufficient numbers of staff to meet people's needs and keep them safe and as a result people experienced missed, late and rushed care visits. We asked the provider to send us an action plan informing us what action they would take to meet this Regulation. The provider sent us an action plan on the 11 July 2016 informing us they would be compliant with this Regulation by October 2016.

At this inspection we found that although improvements had been made where missed visits had not occurred and most people told us staff would arrive on time; some people were still experiencing late or rushed visits which mostly occurred in the evenings, at weekends and at times of staff sickness. One relative said, "At times I feel there is not enough staff, we can go weeks with no problems but then it just takes one to go sick and we will get a call asking if me or my brother can do the call, it does tend to be in the evening so we can usually go." One person said, "The morning carers are usually on time, they can be a bit late in the evening sometimes." Another person told us that around 30% of the time the care worker did not arrive on time and this had an impact on the person's well-being because they were unable to access an activity which was beneficial to their medical condition. A third person told us care staff were often late for their care visit and they sometimes felt the care workers were rushing them. Other people told us they had missed meals or had to struggle on occasions because staff were sometimes late for the care visit.

Staff confirmed there had not been any missed visits in a long time but felt staffing levels were an issue at weekends, evenings and at times of staff sickness. One staff member said, "I get calls asking to cover calls. It's to cover sickness which happens a lot at the weekends." Two staff members confirmed that care visits have been reduced to fit in other care visits, which have resulted in people being rushed.

The provider told us that the contractual arrangements between the local authority and the service specified that the service operated a non-time specific service and that a tolerance of 30 minutes either side of the timed visit was acceptable within these arrangements. However our experience of speaking with people did not reflect this knowledge.

We recommend the provider ensures that people using the service are clear about the service being offered and take action to manage people's expectations.

Both the operations manager and the registered manager confirmed they had reduced the number of service users they provided care to since the last inspection and this had helped them to ensure missed visits did not occur. The operations manager and registered manager confirmed they were still experiencing issues with staff sickness levels; however confirmed that this was being managed through return to work interviews and staff supervision. Documents viewed confirmed this.

Action was being taken to address the issues of late or rushed visits. The actions identified the need to monitor referrals for new care packages and only accept them if there was capacity to meet people needs in a timely and safe manner. Recruitment was identified as an on-going action to ensure sufficient numbers of staff were available at all times and actions were being implemented to ensure care staff worked in one geographical location. These new systems required time to be implemented and embedded into the service.

Before the inspection we received concerns informing us that care staff were providing care to people without Disclosure and Barring Service Checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. At this inspection we looked at DBS records for 43 permanent care staff and three care staff who had recently been appointed. We found that all staff had received a DBS check prior to starting work for the service.

We looked at seven recruitment files for staff and saw appropriate steps had been taken to ensure staff were suitable to work with people. All necessary checks, such as DBS, work references and fitness to work had been undertaken. Staff confirmed the service had taken up their Identification and references and that they had not commenced employment until their DBS had come back. This meant safe recruitment practices were followed.

We looked at care records for seven people and found where risks had been identified information contained within the risk assessments were limited and were not included in people's care plans. For example, one person's risk assessment identified they used walking aids to mobilise around the home during the day and night and were at risk of falls. This person's manual handling risk assessment did not include any information regarding the person's falls history or how to minimise the risk of the person. This person's care plan did not include this information to support the care worker to ensure the person had the appropriate equipment to mobilise safely around their home.

However, people felt the risks with their care were appropriately assessed and felt staff knew them well. One said, "I don't think there are any risks with my care, they support me well by knowing my needs on the day." Another person said, "I was having a lot of falls so they came and did a risk assessment with social services, we moved a lot of things to make sure I couldn't fall, it turned out in the end to be a medical condition that was making me fall and I have not fallen since." Staff demonstrated good knowledge of what risks to be aware of when supporting people with care in their own homes. One said, "Make sure they've got walking aids and there are no trips or hazards." Another staff member told us the importance of monitoring for pressure areas on people who remain in bed for most of the day and to monitor and report any unexplained injuries or falls. This meant that although records did not contain sufficient information on the risk to people, people received safe care.

People's medicines were managed safely. Most people we spoke with did not require any support with their medicines. Those people who required support with their medicines did not express any concerns with the support they received with their medicines. One person told us care staff were required to observe them take their medicines because they could choke when taking their medicines. This person confirmed staff

stayed with them at all times whilst they took their medicines. Staff did not share any concerns with us about people's medicines and people's care assessments and care plans accurately detailed the support they required with their medicines.

People were protected against the risks of potential abuse. Staff knew how to keep people safe from harm and could recognise signs and symptoms of potential abuse which included recognising unexplained bruising and marks or a change in behaviour. Staff said they would report any concerns to the registered manager and were confident to inform other appropriate professionals if they felt their concerns were not dealt with appropriately. One staff member said, "Anything we deem to be a danger to people, any issues, to raise it immediately. Another said, "I'm aware of people and changes to behaviour, check for bruises. Any concerns I would phone the office."

Safeguarding concerns had been received into the service. Records demonstrated that investigations had taken place. Where the allegation of potential abuse was against a staff member, internal disciplinary processes had been completed and additional training and supervisions had been completed to help prevent and minimise the risk of harm to people.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in March 2016 we found the provider to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure staff received appropriate training, supervision and appraisal to enable staff to carry out their care worker role. Staff felt on line training was not sufficient to assess and provide them with the skills necessary to carry out their role effectively. We asked the provider to send us an action plan informing us what action they would take to meet this Regulation. The provider sent us an action plan on the 11 July 2016 informing us they would be compliant with this Regulation by October 2016.

Prior to this inspection we received further concerns informing us staff were not given sufficient manual handling training before they started providing care to people as a result staff were not aware of the proper techniques that should be used when repositioning people and using slings.

At this inspection we found improvements had been made with staff training. People and their relatives confirmed they felt staff were well trained and did not share any concerns with us about the skills and experience of care workers. One said, "They do the job very well, they seem well trained to move me around from my bed to my wheelchair." Another said, "They have the right skills, they certainly do everything I need when I need it, I feel very comfortable with them." A third person said, "Well trained without a doubt."

We spoke with the registered manager and operations manager who confirmed actions were being addressed with regards to online training for care staff. The operations manager stated that following positive feedback from staff about the training officer; classroom training had been increased and online training would be reduced.

A training officer had been recruited in May 2016 and confirmed that all training courses would be carried out by them in a class room which would involve practical elements, work books and competency assessments. We observed two training sessions on the 8 March 2017 which covered practical manual handling and medicines management. We saw the manual handling training included information and practical sessions for staff on how to carry out the correct techniques when using a sling and hoist and how to correctly reposition a person with the appropriate equipment such as a slide sheet. We observed staff complete a questionnaire and were provided with a hand book which contained all the information required to support them to use the correct manual handling techniques and the reasons why.

A training spreadsheet was in place which evidenced most staff had received up to date training on manual handling and those that required a refresher had been highlighted and invited to attend an updated training session.

Some staff gave us positive feedback about the changes that had been made to the training and shared positive comments about the training officer. One said, "Training, very good. Trainer is fantastic. If [trainer] doesn't know [they] will find out for us." Another said, "Training is very good, Trainer is very good." However some staff continued to feel that they did not have enough training with the provider. One staff member told

us how they had to support a person with a piece of equipment they were unfamiliar with. We spoke to the training officer about this who was already aware of this concern and had emailed the senior care co-ordinator to arrange for this equipment to be available to help them organise and prepare a training session for staff. Records viewed confirmed this.

There were still some gaps present on the providers training spreadsheet to indicate staff had not received updated training in some areas. Three staff confirmed they had not received updated training on safeguarding and this was confirmed on the provider's spreadsheet. We spoke with the training officer who advised that this training would be updated. The trainer also advised they were working on ensuring all staff received updated training in all relevant subjects which were in line with the requirements of the Care Certificate; such as the Mental Capacity Act 2005, Safeguarding, Manual Handling, Medicines, First Aid awareness, Infection Control, Health and Safety.

We saw that a work book had been created for medicines management, safeguarding and manual handling which incorporated the requirements of the Care Certificate. New staff had received an induction programme which also incorporated the Care Certificate and people felt new staff had the skills and experience to support them effectively. One said, "They do seem to be well trained. The new ones will shadow for a while." The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

At this inspection we found improvements had been made with staff supervisions. However appraisals had only recently been implemented. The operations manager confirmed appraisals had commenced the week of the inspection. We saw and overheard staff being invited in or attending their appraisal on the 7 and 8 March 2017.

We looked at seven staff records and found all staff had received a supervision. All staff spoken with confirmed they had received a recent supervision. One said, "I had a supervision last night, it is the second one." Another said, "One to one in the office a couple of weeks ago." Records and staff confirmed they received a spot check on a regular basis which was used in conjunction with the training provided to assess their competency levels and ensure the training provided was put into practice. A spot check is an unannounced observation made without warning on a randomly selected staff member.

At our last inspection we made a recommendation that the service review the Mental Capacity Act 2005 (the Act) and its relevant codes of practice and ensure the training was providing sufficient competency and understanding. This was because five of the seven staff members spoken with at the last inspection did not demonstrate a clear understanding of the Act and were unable to clearly explain how to put it into practice. At this inspection staff demonstrated an improved knowledge of the Act and had responded well to the recommendation.

The Act provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the Act.

People had consented to their care plan by way of a signature. Where people were unable to sign an explanation was provided. For example, one person was unable to sign their care plan due to a health

reason and their relative signed the care plan on their behalf. Staff gave good examples of how they ensured people consented to their care and told us they always offered people a choice.

People were mostly supported to eat and drink. People and their relatives only expressed concerns about nutrition or hydration when care visits were late. People told us when care staff were late sometimes they went without meals or struggled to do this themselves. However when staff arrived on time people did not express any concerns with their meals. People told us staff always made sure they had a drink on leaving the person's home and staff confirmed they supported people with food and fluids when required.

Initial assessments identified the support people required with nutrition and if there were any risks to people. This information was added to their care plan to ensure care staff were aware of the support people required with their food and fluids. For example, one person's initial assessment highlighted they were, "Susceptible to malnutrition due to forgetting to eat." The solution had identified for staff to "Prompt all meals." This information was included on the person's care plan.

We saw a memo had been sent to staff on a number of occasions during the summer months emphasising the importance of ensuring people remained sufficiently hydrated.

For those people who required support to access healthcare services care staff would contact the office or family member and advise of any concerns and whether a health care professional would need to be contacted. Care staff confirmed they monitored people's health and wellbeing when they were supporting them with their personal care. Records demonstrated that the service worked alongside other health care professionals for people who had complex health needs.

Requires Improvement

Is the service caring?

Our findings

At our last inspection in March 2016 we found people's privacy and dignity was not always respected and promoted. This was in relation to the sharing of private information about people to former staff members of the service. We did not receive or identify any concerns regarding the privacy of people's information at this inspection; however concerns were received regarding people's dignity and privacy when relatives were expected to provide care to people when the service was experiencing staffing difficulties. One relative told us how they had been contacted and requested to complete their relatives care because the service did not have a care worker available to visit.

Although there were some concerns with people's privacy and dignity not always being respected when staffing levels fell short. Staff demonstrated a good understanding and gave good examples of how they respected people's privacy and dignity when providing personal care to them. One said, "When toileting someone I would always leave the room. Stand outside and reassure them. Tell them to call me when they need me." Another said, "Some have really struggle but have such great pride to do things for themselves so I always let them do as much as they can." People confirmed staff respected their privacy and dignity when providing personal care to them. One said, "They will always pull the curtains in the bedroom to respect my privacy, they will hold a towel around me when I take off my pants they are respectful."

Prior to the inspection we received a concern that care visits were rushed and care staff did not have the time to complete care calls "caringly". At this inspection people and their relatives said the care staff were kind and caring when providing care to them or their relative. One person said, "All staff are very caring and chatty, they bring the outside world in to me." One relative said, "I have a [relative] and they have a laugh with [person], the regular ones know [person] well and will talk about the old times and [persons] past, one of them lived in the same village as [person] so they talk about that." However, whilst people and their relatives felt care workers were kind and caring; people confirmed carer workers did not always stay for the full amount of time and felt rushed. Staff confirmed that when staff sickness occurs they were required to add additional care visits onto their schedules which meant they were often late to people and had to rush their care visits.

Compliment cards, telephone calls and letters had been received into the service thanking the service for their help and support. One compliment card thanked staff for their support and commented that staff were "amazing". A letter that had been sent to the service on 9 December 2016 expressed gratitude for the dedication one staff member had shown to their relative. They praised the staff member for being, "caring, respectful and extremely observant." A person had contacted the office by telephone on 22 September 2016 stating how impressed they were with a new care worker.

People felt listened to and involved in their care and felt they made decisions about their care. People had signed their care plans to indicate they consented to their care. Where relatives were involved in decisions about the persons care, this was with the consent of the person. Staff confirmed they always involved people in their care and would ask them how they would like their care to be provided. One said, "I always try and give people a choice and encourage them to do as much as they can." Another said, "I always seek

permission am happy to help where the person is unable to wash."

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in March 2016 we found concerns with people's care plans. People had care plans in place but they were task specific and did not contain sufficient detail to inform staff and give them prior knowledge of the most up to date and accurate support people required.

At this inspection we found people had care plans in place which had been recently reviewed. This was confirmed by people, staff and relatives. We received comments such as, "They came and did a review 2 months ago, we discussed my care and made changes accordingly." We do discuss my care and I feel involved they are very open to discussions it was reviewed recently." "Social Services come regularly and the dementia team, we discuss my [relative] and the care plan is up to date." "The supervisor came out recently and we discussed my creams and they were changed." "The manager comes out sometimes and we update the care plan, [they] came around 2 weeks ago, they seem very open and willing to listen and talk about my care."

Improvements had been made in the details provided within some people's care plans; however some care plans continued to lack sufficient information on how the person would like their support to be given and what they could do for themselves and lacked sufficient detail about the risks associated with their care.

For example, one person's care plan did not identify they required the use of mobility aids to mobilise around the home and documented the support they needed without including the areas they did not require support with and could complete themselves. Another person's care plan identified the use of the manual handling equipment but did not detail the technique staff were required to use or how the person would like to receive this support. A third persons care plan stated they required to be transferred for the bed to the commode with no detail on how staff were required to do this or the equipment required.

Although people's care records did not always contain sufficient or accurate detail; people told us they felt staff met their needs and did not have any concerns when they were receiving incorrect care. One said, "I am very happy that the care I receive does meet my needs." People said they often told staff what care they required when they visited and staff provided this care. Staff confirmed they had seen an improvement in the information contained within care plans but it was still "hit and miss".

We spoke with the operations manager who acknowledged that although a lot of work had been done to update care plans and to ensure assessments reflected what care people needed, there was still work to be done to ensure care records include all the information necessary to inform staff care practice.

Complaints had been received into the service, documented, investigated and responded to in a timely manner. We saw seven complaints had been received since the last inspection. The complaints received varied regarding concerns with times of visits, late calls and poor care. All complaints had been dealt with in line with the provider's policy.

People told us they had made complaints about the lack of staffing. Most people stated they received a

satisfactory response; however some people did not always feel listened to when they raised concerns about the lateness of call visits. One person said, "Once we were left until 11am for a 7am call, I rang [the office] they didn't get back to me." The operations manager acknowledged there were still concerns with staffing levels and was implementing processes to rectify this area of concern.

Requires Improvement

Is the service well-led?

Our findings

People felt the service had improved recently but felt communication and staffing levels could still be improved.

Notifications had not been sent to the Commission. Records showed five safeguarding concerns had been received by the service. These had been dealt with in line with the provider's policy and appropriately investigated however the Commission had not been notified of four out of five safeguarding concerns. The registered manager could not explain why the Commission had only been notified of one concern. They said they would ensure the Commission were notified of any new safeguarding concerns received into the service.

A failure to notify the Commission of any abuse or allegation of abuse in relation to a service user is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

A system of auditing care records did not always pick up issues. A spreadsheet was used by the senior care co-ordinator to assist them with auditing care records to ensure care plans which required updating were reviewed. However although care plans were regularly reviewed they did not always contain the most up to date, accurate and detailed information to inform people's care. The operations manager and registered manager said they would address this concern immediately.

Staff confirmed communication had improved between them and the office. They confirmed staff meetings had taken place and other forms of communication were used to ensure they were kept up to date such as Memo's and text messages.

People acknowledged some improvements with the service. However, they also felt communication was also a concern. One said they mostly contacted the office because of care staff not arriving on time. They said office staff were polite and apologetic but little was done. People told us their messages were not always passed on from office staff to care staff and vice versa. We also received concerns that people's complaints and concerns were not always listened to regarding staffing levels; or their phone messages were not responded to.

Staff felt the management team and the office were open and approachable. One said, "Very open. You can approach anyone about anything." Another said, "If I have a problem, I can ring, but I don't have a problem." Staff felt supported in their role and if unhappy or had concerns knew who to contact. One said, "I am very happy about the service. If I'm not happy, I won't stop until it is resolved. Not afraid to contact CQC. My loyalty is with the clients."

There was a registered manager in place and they were present at the inspection. The registered manager was not based at the service. The operations manager advised they were based at the location four days a week and was overseeing the daily running of the service. However the operations manager told us a new registered manager will be recruited to oversee the location due to the current registered manager's

additional responsibilities with another location. Staff confirmed there had been an improvement in the service since the operations manager arrived at the location.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service, such as quality assurance surveys, complaints and safeguarding logs. Questionnaires were sent to people in December 2016 and most had been completed and returned. Results were collated and records showed that any concerns which had been identified were responded to and dealt with on an individual basis. The survey's returned demonstrated the service was still experiencing concerns with staffing levels which the management team were aware of.

Audits were in place to monitor accidents or incidents, complaints and safeguarding concerns. Records demonstrated actions had been completed where an incident, accident, complaint or safeguarding concern had been identified. Staff confirmed they knew how to report an accident or incident and were confident that the operations manager and registered manager would deal with the accident or incident accordingly.

Reports were collated following the recording and auditing of the overall quality and safety of the service and these were discussed at operational level. The information contained within the reports were collated from the daily reporting by the co-ordinators regarding incidents, accidents, concerns and complaints. The co-ordinators used a reporting database to record this information and once this information had been entered onto the database this would be sent to the delegated individual who had responsibility to oversee and analyse the information. This information was used as a learning tool to help the service identify areas of concern and improve service delivery in this area. For example, audits demonstrated that missed visits had not occurred since the last inspection and the number of late visits had been significantly reduced.

The providers rating had been displayed on their website and in the location.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person failed to notify the Commission without delay of any abuse or allegation of abuse in relation to a service user. Regulation 18(2)(e)