Homecare4U Limited

Homecare4U Southampton

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 26 and 27 June 2017 and was announced by giving the provider 48 hours' notice. We gave notice of this inspection to ensure the staff we needed to speak with were available.

Homecare4U Southampton provides care and support to people living in their own homes. At the time of our inspection the service was providing care and support to 104 people.

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

People told us they felt safe with the provider's staff and were cared for safely. Staff completed training in safeguarding people from abuse and knew how to raise any concerns. We saw that appropriate action was taken in response to concerns raised.

People we spoke with told us that risks to their health and wellbeing were managed safely by staff. Staff communicated verbally about people's risk and care needs. Written risk assessments required more detail to ensure guidance available for staff who did not know the person well provided clear and detailed information on how risks to people's were managed safely.

At the time of our inspection there were not sufficient care staff employed to meet people's needs. The registered manager, field care supervisors and the care coordinator were also providing personal care to people to ensure people's care needs were met. This had resulted in some disruption to the organisation of people's care which some people told us had at times been inconsistent and unreliable because staff were sometimes late and they did not always know which staff would be coming and when. People we spoke with did not report they had experienced any harm due to these arrangements. Recruitment of care staff and an additional care coordinator was underway. However, the service required more time to demonstrate that it could sustain an appropriate level of staffing to meet people's needs consistently in a timely and reliable way.

People told us their medicines were managed safely by staff and records confirmed this. Staff completed training in medicines administration and their competency was checked annually to ensure they continued to provide safe support for people.

Staff were recruited safely and the appropriate checks were carried out to minimise the risks to people from the employment of unsuitable staff.

Staff completed an induction and on-going training in their role. The registered manager and senior staff carried out spot checks to ensure people continued to receive effective and appropriate care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care plans included information on how to support people with eating and drinking when this support was required. When people were at risk of poor nutrition records kept to monitor the amount people were eating were not always fully completed to provide effective monitoring. The registered manager assured us shortfalls in this area would be addressed.

People were supported to access healthcare services as required. The service had good links with community healthcare professionals and sought advice and guidance as necessary to support people's healthcare needs.

People and their relatives told us they were supported by kind and caring staff who respected their privacy and dignity. Staff supported people to maintain their independence and respected their decisions and people confirmed this.

People's needs were assessed and used to develop their care plans. People's care plans did not always reflect their choices, preferences, personal history and important information to ensure staff would know how to provide person-centred care when they did not know the person well.
People and their relatives were involved in the review of their care plan on a regular basis.

People told us they received the care and support to meet their needs and staff stayed for the agreed length of time at each visit. The registered manager ensured that when increases or decreases in the time required to meet people's needs was required this was acted on promptly.

A system was in place to enable people to raise their concerns and complaints and records showed complaints received were responded to in line with the provider's procedures.

People's and staff spoke positively about the registered manager. We found the registered manager was clear about the challenges faced by the service and they were working hard with their senior team to minimise the impact on people from the lack of care staff and ensure people's needs were met.

The provider was based in the West Midlands and carried out audits related to the quality of the service remotely through electronic records and by weekly telephone calls with the registered manager. Actions for improvements were identified. We saw that the compliance of the call monitoring system was not improving as planned. It was not clear what actions had been taken by the provider to fully investigate and analyse this information. We could not see that detailed actions had been identified to drive improvement to the quality of the service from the monitoring information provided by this system.

People, relatives, staff and other professionals were asked for their feedback about the quality of the service and this was acted on.

The registered manager supported staff to understand their roles and responsibilities through staff supervision, regular spot checks and team meetings. Staff were aware of the provider's values and people confirmed staff demonstrated these in their role.

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

Written guidance related to the risks affecting people was not always sufficiently detailed to ensure they would be managed safely by staff who relied on this information.

Overall there were sufficient staff to meet people's needs. More time was required for the service to demonstrate that it could sustain an appropriate level of staffing to meet people's needs consistently in a timely and reliable way.

People medicines were managed safely

People were protected from the risk of abuse, because staff understood how to identify report and address safeguarding concerns. Concerns about people's safety were acted on.

Is the service effective?

Good

The service was effective

People were supported by staff who completed training to meet people's needs and to carry out their role effectively.

A procedure was in use to assess people's mental capacity and identify when decisions would need to be made in their best interests in line with the Mental Capacity Act (2005).

People were supported to maintain their health and access healthcare as required.

Is the service caring?

Good

The service was caring

People were treated with kindness by caring staff.

People's rights to privacy, dignity and choice were respected by staff.

People told us their independence was promoted by the

provider's staff and confirmed staff respected their decisions for their care and treatment.

Is the service responsive?

Requires Improvement

The service was not always responsive

People's care plans did not always reflect their choices, preferences, personal history and important information to ensure staff would know how to provide person-centred care when they did not know the person well.

Processes were in place and followed to ensure complaints were documented, investigated and responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led

Quality assurance processes were in place to monitor and assess the quality of care people received. However when planned improvements had not been achieved clear actions to remedy this were not always evident.

People and staff spoke positively about the registered manager. Staff were supported to understand their roles and responsibilities through supervision, team meetings and spot checks.

People told us they were supported by staff who demonstrated the provider's values in practice.

Homecare4U Southampton

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 on 26 and 27 June 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 the staff we needed to talk to would be available.

The inspection was completed by one 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. The expert by experience had experience as a family carer of a person who used domiciliary care services. The expert by experience carried out telephone interviews with people who used the service and their relatives.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the service is required to tell us about by law. We used this information to help us decide what areas to focus on during our inspection. Prior to the inspection we reviewed information included on the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent out questionnaires to fifty people of which 15 were returned. Three relatives returned questionnaires and one community professional. We requested and received feedback on the service from the local authority Quality and Safeguarding practitioner.

During the inspection we visited two people who received a service from the provider in their homes and observed interactions between people and staff. In addition we spoke with nine people by telephone and the relative of one person. We spoke with five care staff, one care coordinator, two field care supervisors and the registered manager.

We reviewed records which included six people's care plans, daily records and medicine administration records (MAR's). Three staff recruitment and supervision records and records relating to the management of the service, such as quality assurance audits and staff training records.

This service was registered by CQC on 7 December 2015 and has not been previously inspected.

Requires Improvement

Is the service safe?

Our findings

All of the people, their relatives and a community professional who responded to our questionnaire agreed with the question 'I feel safe from abuse and or harm from my care and support workers. People we spoke with told us they were safely supported by the provider's staff. People's comments included; "Yes, I do [feel safe]. All of them they are all very good. They all do what they have to do." Other people said the provider's staff were "Good" and "Competent".

Staff understood their responsibility to protect people from abuse. Staff had completed training in safeguarding adults from abuse and were aware of how to report any concerns. Information about reporting abuse was available to staff both in the service's office and in the staff handbook. Staff gave us examples of when they had reported concerns and how these issues had been resolved and were confident managers would act upon concerns. We explored the management of safeguarding incidents with the registered manager. We saw they had taken the appropriate actions in response to concerns raised. People were protected from the risks of abuse because staff understood the signs of abuse and the actions they should take if they identified these.

People we spoke with told us that risks to their health and wellbeing were managed safely by staff. For example; people told us staff supported them to move safely when using a hoist and staff applied topical (applied to the skin) creams as required which helped people maintain good skin integrity and prevent the development of pressure sores. We saw detailed information was available to staff in relation to people's moving and handling needs and the use of equipment associated with these needs. Staff we spoke with told us about the needs of the people they supported and the actions they took to minimise risks to people and keep them safe.

However, we found people's documented risk management plans for staff to reference, were not always clear and sufficiently detailed. In the event staff who did not know the person well needed to rely solely upon information and guidance with regards to how to support the person safely, the information was insufficient. For example, care plan information for a person who was supported to manage their diabetes did not detail that staff carried out daily blood glucose monitoring for the person. The procedure they should follow if the person's blood glucose level was outside of their recorded 'normal range' was not explicit. We were told this person had a history of high blood glucose readings and staff contacted the office for advice if the reading was high. In order that they could seek appropriate advice as to whether the reading was of concern. Whilst staff were aware of this responsibility if a staff member needed to refer to written guidance this would not be available to them. There was a risk that staff could fail to take the appropriate action to ensure the person's safety if guidance was not sufficiently detailed.

Another person had been assessed as at risk of choking by a Speech and Language Therapist (SALT). The person was advised to eat a soft diet but did not always choose to follow this advice and had been assessed as able to make their own decisions. However, guidance for staff with regards to how to support this person with their food was not sufficiently detailed. Guidance did not include how the increased risk to the person of choking should be responded to or managed by staff, if the person chose to go against the advice of the

SALT. Another person's risk assessment did not include all the actions staff should take to minimise the risk of the person choking as advised by their SALT assessment. Whilst risks to people were mitigated by the fact that staff and managers had a good understanding of people's needs and these were verbally communicated to staff. Improvements were required to ensure risks to people's health and wellbeing included detailed written risk management plans to support all staff to provide safe care and treatment for people. The registered manager told us people's care plans would be reviewed to include all of the required information. More time was required to implement these improvements into all people's risk management plans.

People and their relatives who responded to our questionnaire did not always agree that staff arrived on time or that their support was provided by familiar and consistent staff at their preferred time. We received a mixed response from the people we spoke with. Some people were satisfied with the timing of their calls, the consistency of staff and the communication from staff when they were running late. Other people expressed frustration with late calls and a lack of consistency in the care staff who visited them. Some people said they did not always know who was coming to provide their care, the time they were coming and they were not always introduced to the care staff that were providing their care. This was important to some people because regular care staff knew and understood people's needs well and provided a consistency of care which they valued. It is important that people are informed who will be providing their care so their personal security is protected

A person said "No, they don't tell me who is coming. I think they should really because I do get on better with some than others and I would like to know who it is." Another person told us "They have a rota and will say 'I will come tomorrow' but sometimes I don't have a clue and I don't know who is coming." Another person told us because different staff called they were unable to build up confidence with staff and had to go through their routine numerous times. Other people told us they saw the same staff fairly consistently. Some people told us they could not be sure about the time the care staff would arrive, or when they were supposed to arrive. People were not issued with rotas to inform them of whom would be calling and when.

Unless people's calls were time specific for example when people required medication at a particular time, people were usually allocated calls within a time range of one hour. The call monitoring system showed people's care was not always delivered within the designated time frame. One person told us they thought their call was for 09:00. Their care plan did not state a time and we saw their call was usually carried out closer to or past 11:00. They told us "I don't want to be unreasonable but if they could just ring, I think they are supposed to come at 09:00 but by 10.30 I could scream." Another person said "They never give us a time, because they are always late." We saw this person's calls were mostly carried out within the half hour indicated on their care plan, but there had been exceptions to this. One recent call had been 28 minutes late meaning the person had waited 58 minutes for their morning call. The person told us they were not informed if care staff were running late.
The registered manager told us they aimed to meet people's preferred times as far as possible but this was not always achievable and was subject to staff availability. Some improvement was required to ensure people were informed about and satisfied with the scheduled times of their calls and when these expectations could not be met they were informed of any changes.

The registered manager told us they were currently recruiting staff but this had been a challenge. There were not enough care staff currently employed to meet people's needs and requirements. In order to achieve all of the care calls the management and supervisory staff were required to provide personal care to people to ensure people's planned care was delivered. This included the registered manager, the care coordinator and the two field care supervisors who had the appropriate skills and training to meet people's needs. The care coordinator planned people's care calls in advance and supplied staff with their rotas at the end of each

week for the following week, to ensure calls were allocated and identified any shortfalls to be remedied.

The registered manager told us "We assess capacity every day we always make sure calls are covered." We saw the provider was acting to address this situation by the recruitment of new care staff and by allocating calls to the same staff as far as possible. Staff we spoke with confirmed they were given regular calls as far as possible. These arrangements had caused some disruption to the service people received because people did not always receive consistency of staff.

People did not report they had experienced any harm as a result of the arrangements in place. Overall there were sufficient suitably qualified staff to meet people's needs. However, the arrangements in place meant people did not always receive their care in an informed, consistent and timely manner that met their preferences.

A system was in place to allocate, log and monitor calls to people in order to mitigate the risks to people from missed and late calls. The system alerted the care coordinator when calls had not been completed as scheduled so they could follow this up and make sure care was delivered. Two missed calls were reported this year and these had been investigated by the service and the local authority; no harm was experienced by the person as a result of these incidents. However, one of these missed calls had not been identified because the care coordinator was out delivering care. There was a risk that missed calls would not always be identified in a timely way if the system was not used or monitored effectively. A second care coordinator had been recruited and was due to start in the near future which would mitigate the risk of insufficient office based staff to monitor calls and protect people from the risk of missed calls.

People who were supported by staff with their medicines told us this was well managed. A person said "Yes, they bring my medicine in the morning, lunchtime and evening. I have always got water. They are all pre-packed and they put them in a little pot." And a person who administered their own medicines told us "They (staff) will check to see I have taken them." Staff completed training in the administration of medication. Staff competency was also checked on an annual basis and during spot checks to ensure staff continued to support people with their medication safely. People's care plans included information about their medicines and the kind of support they required. Records showed staff had administered people's medicines as required and these were audited monthly by supervisory staff.

Procedures were in place to check that people were protected from the employment of unsuitable staff. These included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. Identify checks and character references were obtained and candidates completed an application form with a full employment history and attended an interview to assess their suitability for the role.

Good

Is the service effective?

Our findings

People told us they were supported by sufficiently skilled and knowledgeable staff. People's comments included "They are all quite professional. I think they are pretty knowledgeable" and "They do know what they are doing."

New staff completed an induction compatible with the Care Certificate. The Care Certificate is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised. Induction of new staff included the completion of a knowledge based workbook, practical competency assessments and training sessions. In addition staff worked alongside more experienced staff to learn about people's needs prior to working alone. Staff competency was checked on a regular basis through spot checks carried out by the registered manager, care coordinator or field care supervisors.

A programme of on-going training was completed by staff in topics such as; moving and handling, safeguarding, infection control, health and safety, first aid, medication and food hygiene. Staff received regular supervision with the registered manager and an annual appraisal was carried out to identify staff learning and development needs and to assess their performance in their role. People were supported by staff who completed an induction, training and on-going supervision to enable them to care for people effectively.

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

All of the people and their relatives, with one exception, who responded to our questionnaire agreed with the question 'The support and care I receive helps me (my relative or friend) to be as independent as I can be. People we spoke with told us that staff sought their consent for care. People's comments included; "They always do that (ask for consent) It gets on my nerves but they always do it. They are very good and polite." And "Yes they do seek consent." Staff were aware of the principles of the MCA and the rights of people to make decisions about their care and treatment. The principles of the MCA were covered in staff induction training and staff told us about how they encouraged people to do things for themselves and the need to consult other people when the person lacked the capacity to make their own decisions.

People's care plans included an assessment of their mental capacity to make their own decisions. We saw for example that a person living with dementia was assessed as able to make day to day decisions. However, other more complex decisions were made in their best interests by people with the legal authority to do so and in conjunction with other health and social care professionals. Where people had nominated representatives with legal authority such as a Lasting Power of Attorney the provider had requested evidence of this to ensure people's legal rights were respected and upheld.

Most people we spoke with had their own arrangements for meals and were unable to comment on this aspect of the service. Peoples care plans included information on the support they required with eating and drinking. This included information on the person's usual choice of meal or whether they would make a choice at the time of call. In the care plans we reviewed we saw that instructions were included for staff in the preparation of people's food and drinks to meet their needs. For example, when a person required thickened fluids to manage the risk of them choking on fluids, the measurement for the thickener was recorded. Another person had instructions for the type of drinks and meals they preferred at each of their calls and their preferred fish and chip shop for a weekly take away. Staff told us they encouraged people to drink fluids and we saw a person had a note in their home to remind staff to do this.

When people required their food and fluid intake to be monitored by staff due to a risk of poor nutrition and hydration these records were not always fully completed with the person's intake. Some records said "Left eating" and some records described the food given but did not include the amount eaten. We spoke with the registered manager about this who assured us records would be improved to include amounts to provide more effective monitoring when required.

Most people we spoke with had not required the provider's support to access healthcare services. One person told us care staff had acted promptly to call an ambulance when they had an emergency healthcare need. People's care plans included their healthcare needs and the support they required from the provider's staff to maintain or improve their health and wellbeing. Staff we spoke with told us how they supported people with their healthcare. For example, a staff member told us how they had become concerned about a person suffering with an infection and had called the GP. They added "I will pop in after my shift to check what happened and if it is not good enough I will go to the GP myself." The registered manager told us staff were encouraged to use their initiative and support people to contact healthcare services as required. The service had good links with community healthcare professionals and sought advice and guidance as necessary.

Good

Is the service caring?

Our findings

All of the people and their relatives or friends who responded to our questionnaire agreed with the questions 'My care and support workers always treat me (or my relative) with dignity and respect' and 'My support workers are caring and kind'. All the people we spoke with told us care staff were respectful and kind. People's comments included; "They are very caring. They all come in with a cheerful aspect and I appreciate that." and "They are always very kind. We have a little chat and sometimes I talk about my family and they tell me about theirs." "They are very caring I just can't fault them at all and you would soon hear from me if they were not."

Staff understood the importance of building positive relationships with people. A staff member said "I may be the only person they see so it's nice to sit down and have a chat and a cup of tea." Staff we spoke with were knowledgeable about the people they supported and could tell us about the things they enjoyed and were interested in. We heard examples of where staff had shown care and kindness by bringing in people's favourite foods, helping people to sort out practical tasks in their home, assisting people when they were out in the community and a person said "They (staff) do it with a good heart and if I needed anything they would do it for me." The service had received thanks and compliments from people and their relatives that included "Thank you for looking after (person) the way you did. They responded so well, thank you from the bottom of my heart."

People told us their independence was promoted by staff and their decisions were respected. People's comments included "Yes, they do help me do things for myself" and "I only have to tell a carer once about anything and they remember." Staff we spoke with demonstrated how they provided care that was respectful and promoted people's privacy and dignity. For example; by providing care in privacy and in the way the person preferred. A person said "They (staff) are more than respectful they certainly are. The kind of friendliness that comes with caring about people. They always ask when I am in the bathroom 'do you need any help' and 'can I come in' They don't walk in as if they own the place and they treat you with respect." A person's relative said "Carers are always discreet if family are visiting, undertaking their responsibilities quickly & effectively." People told us they received dignified and respectful care.

Staff were recruited through an application and interview process and the registered manager told us and records confirmed that the staff interview process assessed whether applicants displayed the values and commitment to providing high quality care. The registered manager carried out spot checks on staff and worked alongside staff during calls to check people were experiencing kind and compassionate care and were treated with dignity and respect.

Requires Improvement

Is the service responsive?

Our findings

Most people told us they were involved in making decisions about their care and treatment and received the care and support they needed from the provider's staff. People's relatives told us they were consulted as part of the process of decision making relating to their relatives care and support. A person's relative said "Homecare4u have been a valued assistance to me in helping with my father's care at home. Nothing is too much trouble and they always make time to talk things through with me as well as my father, a great team of workers."

Staff we spoke with were knowledgeable about people's likes, dislikes and preferences and told us about subjects of interest to people and their important relationships and routines. However, care plans did not always reflect this information to guide and support staff who may not know the person well in providing person centred care.

Records showed care plans were in place for people. Care plans were developed from needs assessments carried out with people and their representatives where relevant prior to care being delivered. People's care plans consisted of two main documents one was an assessment of the person's needs and risks. One was a person centred care plan (PCP) this detailed what staff needed to do at each visit. These plans included some personalised information such as the person's preferred name and communication needs such as, hearing and sight impairments. People's support needs were usually explained in detail and we saw good examples of detailed instructions to staff about how to deliver people's care. However, the PCP did not always include information to support staff to provide personalised care. For example, the PCP for a person living with dementia did not include information about what they could do for themselves to ensure they had as much choice and control as possible. How they would like to receive their care and support and what was important for care staff to know about the person, their personal history, interests and any communication needs associated with their dementia. It is important to ensure people's care plans reflect their choices, preferences, personal history and important information to ensure people received person-centred care from staff who did not know the person well. The registered manager told us care plans would be reviewed to include more personalised information.

Most people told us staff stayed for the agreed length of time and completed all the tasks they should at each visit. Most people told us they did not feel they were rushed and some people told us they enjoyed the time for a chat during their visits. When people's needs could not be met in the allocated time, the registered manager negotiated more time to enable staff to fully meet the person's needs. Feedback form the local authority confirmed the registered manager acted promptly to notify them when increases or decreases in care hours were required.

Records showed people's care plans were regularly reviewed with people and their relatives where appropriate. Reviews were carried out by management staff either by telephone or face to face as requested. This included a review during the first four weeks of providing care and then at six months and 12 months. People's changed needs were communicated by staff to managers so that care plans could be updated. For example; a person's mobility needs had changed and we saw this was communicated to the

registered manager during our inspection. Staff usually attended the office once a week to collect their rota for the following week. The registered manager told us this was also used as an opportunity to discuss any changes to people's care needs and to update staff on these. Staff confirmed they received information from managers and told us they were supplied with enough information prior to attending people's calls.

People were given information on how to make a complaint and raise their concerns in the service user guide. The provider's complaints policy provided information for people and their relatives about how a complaint could be made, the person responsible for making a response and how to complain to the Care Quality Commission and the Local Government Ombudsman (LGO). The LGO is the final stage for complaints about social care providers.

Most people told us they would call the office if they had a complaint and one person told us they had made a complaint. They told us some changes had been made in response to their complaint. During our inspection they told us about some things they were dissatisfied with that they had not raised with the registered manager which we raised on their behalf. The registered manager reacted promptly to these concerns and the person was visited by a field care supervisor who addressed the concerns and made changes to their care and support plan.

We looked at the records of complaints and saw these were investigated and responded to in line with the provider policy and procedures. A system was in place to enable people to raise their concerns and complaints and these were responded to.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was in post. We received positive feedback about the registered manager. A person said "Very good, she is a very good manager she is hand on and puts people at ease." Another person said "Very, very good. Excellent." Staff spoke positively about the registered manager. Their comments included "The registered manager is really good if you ever need anything she is at the end of a phone. Lovely and caring can't fault her." "She would act on concerns and address poor practice and she has." "I would say she is very thorough, I would say consistent, level headed and steady." A community professional told us they thought the service was well managed and tried hard to improve the quality of care and support they provided to people.

The registered manager was clear about the challenges the service faced which they said were the recruitment of care staff and "Being out and about and getting to people on time and at their preferred time. This is a challenge due to traffic in the area at busy times which impacts on calls we are in a popular area and busy trying to manage delays." This was consistent with the feedback we received from some of the people using the service.

The system used to monitor people's calls was checked by the provider and compliance levels for staff logging in and out of calls were discussed with the registered manager. Records showed compliance had been at 66% in October 2016 and at 58% in March 2017. Although the provider had identified a target of 70% as an improvement in October 2016 this had not been achieved and compliance had fallen further. The provider told us that compliance had dropped due to staff not always having access to people's phones to log call times and an increase in people using the service. Although some issues were due to the ability of staff to use the system, people told us calls were not always delivered on time and we found calls were not always recorded as delivered within the allocated timescales. It was not clear what actions had been taken by the provider to fully investigate, analyse and identify actions to remedy the low compliance results. The provider told us they were introducing other methods to enable staff to accurately monitor call times when a phone was not available. We saw that actions were being taken to recruit new staff and an additional care coordinator to reduce the pressure placed on existing staff and managers and to provide a more consistent, timely service for people. However, a more robust action plan was required to ensure the shortfalls identified by the system were addressed in order to drive service improvements.

We found that other improvements were required to ensure people were clear about the times of their calls and expectations from the service. People's care plans and risk assessments required more detail to ensure they contained sufficient information for all staff to support them safely and in a person centred way. The registered manager assured us this would be addressed. More time was required for these changes to be put in place and to deliver an improved service for people.

The provider promoted the values of privacy, dignity, independence, choice, rights, equality of opportunity, advocacy, complaints and reviews. They aimed to provide 'A high standard of home care that will enable our clients to live safely and comfortably in their own homes, whilst maintaining their dignity and privacy.' The registered manager told us these values were assessed in recruitment interviews with staff and thereafter

promoted through, staff training, staff supervision and staff meetings. Staff were able to describe how these values were promoted in practice. For example; by respecting people's right to confidentiality, individual lifestyle choices and preferences. A staff member told us their role was, "To maintain the individual in their own home as long as possible, with dignity and respect and kept safe." Feedback from people and relatives confirmed the staff acted in accordance with these values. People were supported by staff who demonstrated the provider's values in practice.

Staff were supported to understand their roles and responsibilities through staff supervision, regular spot checks and team meetings. A staff member told us how they had been helped to improve their performance through some feedback they had received. Another staff member told us about a performance issue they had raised which the registered manager had addressed. We saw records which showed staff had been reminded of the expectations in their role. The registered manager held quarterly staff meetings with one session in the morning and another in the afternoon to maximise staff availability for attendance. Records of a recent staff meeting in March 2017 showed staff had discussed care plans, health and safety, training and safeguarding. Staff told us they felt listened to by the registered manager and understood the expectations of their role.

People and those important to them had opportunities to feedback their views about the quality of the service they received. Most of the people and their relatives or friends who responded to our questionnaire agreed with the questions 'The care agency has asked what I think about the service they provide.' People were asked for their feedback during reviews of their individual care and by an annual quality assurance questionnaire. We saw the responses made were mostly positive. This information was analysed so that actions for improvements were identified and carried out.

Staff were also asked for their feedback about the service and what improvements could be made. Improvements had been made to team meetings and professional development training was being sourced in response to staff feedback. A community professional told us they had been asked about what they thought of the service and the registered manager had acted on what they said. A system was in place to seek feedback from people, staff and other professionals about the quality of the service and their feedback was acted on.

A quarterly audit was completed by the provider. These audits included; client files, staff files, payroll and compliance with the system used to log and monitor people's care calls. These audits were carried out remotely by the provider because they are based in the West Midlands and the service operated an electronic system to record this information which can be seen by the provider. The provider supplied a written record of actions required when shortfalls were identified and could monitor them for completion; we saw the registered manager recorded when tasks were completed. In addition the registered manager had a weekly conference call with the provider to discuss; any safeguarding issues and complaints, staff sickness, recruitment and other staffing issues, an update on people they supported who may be in hospital, and the on-going monitoring of compliance with the call monitoring system. Although the registered manager had not met face to face with their line manager they told us they were "Well supported by phone and e-mail."