Accord Housing Association Limited

Direct Health (Telford)

Inspection report

Ground Floor,Padmore House, Hall Court
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Telford
Shropshire
TF3 4LX

Date of inspection visit:
11 January 2018
12 January 2018
15 January 2018
16 January 2018
19 January 2018

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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

The inspection site visit took place on the 11 and 12 January 2018 and was announced. Calls to people and staff continued on 15, 16 and 19 January 2018. Direct Health (Telford) is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults, younger disabled adults and children. At the time of our inspection there were 247 people using the service.

There was a registered manager in post at the time of the inspection. 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.
At this inspection we found the provider was not meeting all the regulations. We found the provider did not have sufficient staff available to ensure people had their care and support when they needed it and their quality systems were not driving improvements to the service. You can see what action we told the provider to take at the back of the full version of the report.

People were not always supported by sufficient staff and this meant they had to wait for their support and could not have their calls when they needed them. Medicines were not always recorded as being administered. The registered manager analysed incidents to help them learn when things went wrong, however this was not being used to drive improvement. Staff were recruited safely. People were protected from harm and they had risks to them assessed and managed appropriately. Staff understood how to prevent the spread of infection.

People had their needs assessed, however guidance for staff was not consistently provided in peoples care plans. Staff were trained to deliver effective support to people and had their competency checked, however this was not effective in ensuring medicines polices were followed. People did not always receive consistent 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 support this practice. People were supported to manage risks associated with food and drink. People were supported to access health professionals when required.

Staff were not always able to provide support which was caring as they were rushed. People did not always have control over when their care was delivered. People's privacy and dignity was not always maintained as staff were late for their calls.

People's needs were assessed and plans were in place however these required review. People did not always have their needs met in the way that they preferred. People understood how to make a complaint but felt their concerns were not addressed.

The systems in place to monitor the quality of the service were not always effective. A registered manager

was in post; however people felt they were not easy to communicate with. Staff were not always providing consistent care and support.

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.

People were not always supported by sufficient staff.

There were systems in place to learn when things went wrong but these were not always effective in bringing about change.

People were safeguarded from harm and risks were managed to keep them safe.

People were supported by safely recruited staff.

People were protected them the risk of infection.

Is the service effective?

Requires Improvement

The service was not always effective.

People's needs were assessed however this was not consistently effective in providing detailed guidance for staff.

People were supported by knowledgeable staff however staff were not always using the knowledge to provide effective support.

People had a choice of food and drinks and were supported with risks about their diet by staff.

People did not always receive consistent care and support.

People were supported to maintain their health and well-being.

People were supported in line with legislation and guidance for giving consent to their care and support.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People did not have an opportunity to engage with staff often as staff were rushed.

People were not consistently able to decide when their care and support was delivered.

People said their privacy and dignity was not consistently maintained as staff often had to rush them.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People and those important to them were not always involved in their assessments and reviews.

People's preferences for call times were understood but not always followed.

Peoples concerns were not consistently responded to.

Is the service well-led?

Requires Improvement

The service was not well led.

Quality audits were in place but were not driving improvements.

The registered manager did not have systems in place to ensure there were sufficient staff.

Communication with the registered manager and management team was not effective.

The registered manager understood their role and responsibilities.

There were systems in place to learn from incidents however these were not consistently updated.

Systems did not support staff to offer consistent care.

Direct Health (Telford)

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 site visit took place on the 11 and 12 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff. We needed to be sure that they would be in. Calls to people and staff continued on 15, 16 and 19 January 2018. The inspection team consisted of one 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. This was a first comprehensive ratings inspection.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We also contacted the Local Authority Safeguarding Team for information they held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with eight people who used the service and six relatives. We also spoke with the registered manager, the care services director, operations support manager, care coordinator, and eleven staff.

We reviewed the care records of 11 people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including staff rotas, complaint logs, accident reports, monthly audits, and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

People and their relatives had mixed views about their experience of staff being late and the duration of their calls. One person said, "The staff are good, they stay as long as they can until they have to leave". A relative told us, "The staff arrive on time and [person's name] has three calls a day of 30 minutes, its working very well". However some people had a different experience. One relative told us, "The staff are rarely on time, the allocation is 45 minutes but staff rarely stayed more than 35 minutes per call. There's been a lot of trouble with staff, they don't have enough at the moment". Staff also had mixed views about the call times. One staff member told us, "Occasionally up to 30 minutes late to calls as we are not always given enough travel time between calls, given 10 minutes for a 35 minute journey". Another staff member said, "Yes I have enough time between care calls, if I have been running late I have phoned on call and asked them to inform my service users which they have done".

The registered manager told us that they had experienced some contractual changes which had meant some staff had left the provider. This had an impact on the number of staff available to cover calls. They told us they had taken action to hand some packages back to commissioners that they could not manage to cover. This had meant changes to the call runs and had impacted on peoples call times. Some call times had been moved to ensure calls were delivered. The registered manager was already recruiting new staff and taken steps to mitigate the impact on people. However we found some people had experienced late calls on a regular basis. We found people were not informed of their call times or which staff would be attending. We looked at rotas and found calls were in some cases scheduled close together. This meant staff may not always have sufficient travel time and they may be late for their next call. The registered manager told us they had recently had some missed calls. There was an investigation underway by a local authority safeguarding team into these cases which had not yet concluded. We found there was a system in place which enabled monitoring of calls to prevent or reduce the chance of calls being late or missed. The system required staff to log in to calls on arrival, alerts were sent to care coordinators when the staff were later than 15 minutes logging in allowing them to take action. However, we found the staff were not using the system correctly and this meant alerts were not always being received. We also found that when alerts were made, action was not always taken to ensure the person concerned received their call. For example, on the day of the inspection one person had not had their morning call, an alert had gone to the care coordinator for the area, but no action was taken to contact the person and say the staff were running late. The person received a call from us to ask them about their experiences of the care and we had to alert the registered manager that the person had not had their call. This meant that calls were late and the systems in place to address this were not effective.

This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

Most people we spoke with had support from family members with their medicines. However there was mixed views from those that staff helped with medicine administration. One person said, "The staff give me my medicines every day". One relative told us the staff were trained to use equipment which supported their relative to have their medicine. However another relative told us "The staff did forget once to give an

antibiotic medicine as this had to be kept in the fridge". Staff told us they had received training to give people medicines. The records we saw supported this. The provider had a medicines policy in place, which staff understood. We looked at medicine administration records (MAR) and found there were missing signatures for some people's topical medicine. We spoke to the registered manager about this and they told us they were not aware of this and would commence an investigation with relevant staff. We found people arranged for their own supply of medicines to be available for staff. However where one person's medicines had run out of stock, staff made enquiries with medical professionals to ensure the person was not going to come to any harm through missing medicines. We found guidance for how one medicine was to be administered was not clear to staff on the MAR chart. The registered manager investigated this and sought advice from the persons doctor about how the medicine should be administered during the inspection. This meant some improvements were needed to how people's medicines were administered.

People were safeguarded from abuse. People told us they felt safe with the staff that supported them. One relative said, "The staff are well trained to provide safe care to [person's name]. Staff told us they could recognise the signs of abuse and were able to share how they would report things of concern. One staff member said, "I would report it to my line manager immediately if I had any concerns". Another staff member said, "Seeing any service user with an unknown mark or bruise I would always ask what they have done. If they become agitated or evasive with response and there seems to be something else happening I would report this straight away". We found staff were reporting concerns to the office about people and these were being investigated. We saw the registered manager referred people to the local safeguarding authority as appropriate. We saw staff had received training in safeguarding. This showed the provider had systems in place to ensure people were safeguarded from abuse.

People had risks to their safety assessed and plans were in place to manage the risks to their safety. One person told us they were at risk of falls and had sensors in place to support them. Relatives told us about how staff supported people with moving and handling and expressed they felt this was done safely. Staff were able to describe the risks to people and the actions they needed to take to keep people safe. We found risk assessments were in place which identified risks, and plans were in place to show staff how to reduce the risk for the person. For example, one person had a diagnosis of diabetes. The person was noted as being at risk of low and high blood sugars. There was guidance for staff on what to look for and what actions they needed to take and when to seek medical attention. In another example we found, one person was at risk of their skin integrity breaking down. There were clear plans in place for staff to monitor the person and to ensure the person used a mattress on their bed and a cushion on their chair to relieve pressure. We found risk assessments were reviewed annually or when things changed. For example, one person had a falls risk assessment in place; this had been updated with additional guidance for staff following a fall. This showed people had their risks assessed and plans put in place to manage those risks.

People received support from safely recruited staff. We found staff had checks carried out to ensure they were suitable to work with people before they started work. The provider ensured they took two references and a work history, alongside a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions.

People were protected from the spread of infection. The registered manager told us staff had access to protective clothing and had received training in infection control. Staff confirmed this was the case and could describe how they used protective clothing to prevent the spread of infection. We saw details in care plans which showed staff where there was an increase in the risk of infection for people and how they should ensure precautions were taken to reduce the risk. For example, one person had a stoma bag in place and this created a risk of infection for the person at the stoma site. There were specific guidelines in place for staff about how to ensure there was no cross infection when supporting this person. This meant people

were protected from the risk of infection and cross contamination.

The provider had systems in place to learn when things went wrong. We saw there was an action plan in place to address areas of concern which had been identified through the quality audits. The registered manager had regular meetings with staff and used these to share the learning from incidents. There was a learning process involved in all incidents, accidents, complaints and safeguarding. However, we found that whilst the issues were discussed and plans had been made to address the concerns around missed and late calls this had not been effective in preventing this from happening to other people.

Requires Improvement

Is the service effective?

Our findings

People were assessed when they began using the service. People told us they had an assessment of their needs and that staff understood the support they needed. One person said, "The staff are good at adapting the care to suit [person's name] needs". Relatives told us staff had specific guidance for delivering care to meet specific health needs and this was recorded in care plans, for example, with people's continence care and managing specific health conditions. Staff told us people were assessed and their care plan was available to them in the property. They told us information about people's needs and their care plan was also available on their mobile phone. However, staff had mixed views about how effective the plans were. For example, one staff member told us, "I know the people's needs and follow the care plans in place, I also ask people if there is anything else that they would require, and if so I would report to the office so this can be added in to the care plan". Whilst another staff member said, "I have worked in other companies and the plans are poor compared to what I have seen before, the information isn't always up to date and the information on the phone system is very brief". We found assessments and care plans were in place but there were inconsistent levels of information included. For example, one plan gave detailed information about the signs and symptoms of one person's health condition from a NHS resource. Whilst other plans, had minimal information for staff about people's health conditions and how to support them. This meant there were inconsistencies in how assessments and care plans were completed and some plans required reviews. We spoke to the operations director about this and they told us they were aware of the requirements to update and review care plans. There was an action plan already in place with timescales for these improvements to be made.

Staff had mixed views about the technology that had been provided to support them in their role. One staff member said, "As the work phones are on us all the time the office can update information as it happens. If a change to a service user has happened we will report it to the office and they inform other staff going in via a text message to work mobiles from the duty phone in the office. These changes are also logged in our own report books within the property". Whilst another staff member said, "The Company do use a clock in system using telephones to track when calls are delivered and tell us where to go. However it is not used for all calls, it's confusing so not always done". A further staff member told us, "There is a phone which gives us information about the call; I have had some issues for example if the addresses are not correctly input into the phone". We spoke to the registered manager about this and they told us staff had been instructed through team meetings and supervisions to use the system, and could show us evidence of these discussions. The operations manager confirmed they were aware of the issues with the inconsistency with the application of the technology and plans were already in place to address this. There was additional management capacity in place to work specifically at embedding the technology and ensuring this enabled more effective monitoring of call delivery. The operations manager sent us an action plan with timescales for how this would be achieved following the site visit. This meant whilst technology was in place to support the provider with delivery of care, improvements were needed to ensure this was used consistently.

People and relatives told us they felt that staff were trained well. One person told us, "To stay in your own home is absolutely wonderful, it's very reassuring to have good carers and they're always so cheerful". A relative told us, "I don't know all about the training, but the staff have had specific training from the hospital

to meet [person's name] needs". Another relative told us, "Staff have been trained to manage [person's name] medicines". Staff told us they had induction into their role which included working alongside more experienced staff and could access on-going training. One staff member said, "I receive any training I feel I need. We had two weeks training before starting as well as shadowing shifts with a more experienced staff member. If I feel I need any more training I just call up my care coordinator and ask and they book me on the next available training". The registered manager told us in the PIR "Staff complete a two week Induction period which meets the care certificate standards, this includes at least a full day on Safeguarding Adults". We saw staff had access to an induction and regular training. We confirmed that staff had received training in safeguarding, medicines management and the mental capacity act for example. The registered manger told us they carried out spot checks with staff and this included competency checks in medicines management. We saw records which supported what we were told. Despite the training received and the competency checks we found staff were not consistently applying their training. For example with medicines management, staff were not ensuring they signed people's MAR charts. This showed staff had access to training and had the skills to support people effectively, though this was not always effective in ensuring staff followed procedures in place.

People received the support they needed with meals. Most people we spoke with didn't have any support with meals as they were supported by their family. However one person told us their relative had problems with swallowing, staff were aware of the risks and could support the person when eating meals. We spoke to staff about the support they provided with meals. Staff told us they understood people's needs and preferences for meals. One staff member said, "Most people have their meals purchased by someone. We have information about people's dietary needs for example I support someone with Diabetes so I know they need sugar free things to eat and drink". Another staff member told us, "I give people options of food and drink and make it to their tastes and display food so it looks appetising for them". Care plans included information about risks associated with people's diet. For example, one care plan gave information to staff about risks from choking and how the person should have their meals provided to prevent this. We saw other information was available to staff for example, when people had a preference for vegetarian food and the type of support people needed such as support to prepare themselves a drink or a meal, whilst maintaining maximum independence. We found care plans gave staff instructions such as checking the dates of food items where people were unable to do this for themselves. This meant people were supported to manage risks associated with food and drinks.

People were supported to access support from health professionals. One relative told us, "Staff go with [person's name] to their physiotherapy appointment". Staff told us they would seek support from the office if someone needed help to arrange an appointment with a health professional". Another staff member said, "If someone is unwell or they have an accident we will always call the paramedics". There is information in the property for them about the client". We confirmed from peoples care records that most information relating to health professionals was managed by family members, however there were examples of staff requesting support from doctors for example to support people. The registered manager told us in the PIR that monthly auditing of log books ensured staff were documenting how they had met the needs identified in people's assessments. This includes picking up on indicators for additional time, services or referrals to other agencies for additional support. We found information which supported this. There were examples of people being referred to commissioners for a review of their care needs for example. This meant there were systems in place to ensure people could access support from other professionals.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. The registered manager told us, consent to care forms were completed at initial assessments and where people lack the capacity to make an informed decision, the principles of the MCA were applied. Staff understood the MCA and could describe how they sought consent. They had received training and could describe the importance of seeking consent and what happened if people were unable to consent to their care. One staff member said, "Some people have dementia, but they all have capacity to make decisions but it's about talking to people and checking if they are ok for you to do things". People that were unable to make decisions about their care and support had their capacity assessed. We found mental capacity assessments had been carried out and there were records which showed decisions had been taken in people's best interests. For example, one person lacked capacity to remember to take their medicines. A best interest discussion was held and information was given to the person in a way they could understand to help them consider whether it was in their best interests for staff to administer their medicines. We saw relatives were also involved in the decision. This showed the registered manager was working within the principles of the MCA.

Requires Improvement

Is the service caring?

Our findings

People and their relatives told us that the staff were kind and caring. One person told us, "The staff are really kind and thoughtful, the carers are absolutely lovely and we have some fun whilst they are here". A relative told us, "The staff are extremely good with [person's name] we're really pleased with one staff member and we have nominated them for an award for best carer". Another relative told us, "We get on very well with the staff, [person's name] likes them very much, they deliver a very good service". People told us staff were thoughtful, for example they would do little extras to help people such as clear the dishes, or stay a little longer if needed. Staff told us they felt they had a good relationship with the people they supported and their relatives. For example one staff member said, "I get to know what people like and dislike and spend time having a chat with them where I can". However some staff reported that they were sometimes late for calls and despite letting the office know, people were often not informed about this when they arrived and could be upset about this. We found people were waiting for their care and support, and when calls were late people and relatives were not always informed. For example on the day of the inspection one person we spoke with told us they had not received their morning call and nobody had notified the person that they were running late. The persons call was only 15 minutes later than scheduled, however call times had not been consistent and the person thought the call was due much earlier. This meant the provider was not consistently providing a caring service.

People had mixed views about whether they were able to make decisions about their care. One person told us that staff always checked with them what they needed and if they were sleeping they would call back later. Some people told us they could choose when they received their calls and staff would make changes if they needed to. However, other people told us they were not always able to choose what time they had their calls. One person said, "I have one call in the morning, I would like this at 7am, but I have to have the call at 9am which is not very good as I have to wait for the help I need". Staff told us that they tried to give people a choice about their care and support. One staff member said, "I always ask what personal products they would like to use and which clothes they would like on, what they want to eat and drink and I will always ask if they would like anything else before leaving the property". Staff understood that it was important for people to have control over their care and support to maintain their dignity and that this helped people to remain independent. We found that people were supported with daily choices about their care and support; we saw records which showed staff offered choices to people. However we looked at people's calls and when they were delivered and found these were not always delivered at the time of the persons choosing. For example, one person wanted to get up early, and there call was consistently an hour later than they requested. Another person wanted to stay up later, and there calls were consistently earlier than planned. This meant whilst staff offered people a choice, this was limited by the timing of the calls they received and improvements were needed to enable people to choose the times of their calls.

People and their relatives told us people were treated with dignity and respect and privacy was maintained by staff. One person told us, "I find the carers very good, yes polite and respectful". A relative told us, "Staff are always polite and respectful toward [person's name]." The registered manager told us in the PIR staff received training on the 'role of the care worker' which described the provider's expectations of staff and this was tested through the feedback sought from people that used the service. The feedback specifically asked

people about whether they felt as though staff treated them with compassion, kindness, dignity and respect. Staff told us they understood how to treat people with respect and provided dignified care. One staff member said, "I maintain people's dignity by offering them choice, closing curtains and doors whilst doing personal care and I also make sure that their mid area is covered so they feel more comfortable when having care delivered". Another staff member told us about the importance of keeping information confidential to protect people's privacy. Another staff member told us, "When entering houses and rooms I always knock and announce my arrival". However people told us staff were often rushed. One person told us, " I feel rushed there isn't enough time, staff have to rush in and out, there's no time to do anything, they're constantly looking at their phones to see where they are supposed to go next". A relative told us, "I'd say they are rushed off their feet, they turn up late, they are being run ragged". Staff told us they were sometimes late to calls and that people were not always informed about this which meant they were upset. We found people were not always receiving their care and support at the time they needed it and this was impacting on the ability of staff to provide a caring service for people. This meant that whilst staff were kind and caring, often they were rushed which meant people did not always receive a caring and dignified service.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives had mixed views about how involved in assessments, care plans and reviews they and their relatives had been. One person told us, "I had an assessment whilst I was in hospital, I don't remember much as I was not well, but it is working well". A relative told us they had made requests to staff for them to get an update about the person they were supporting from the relative before offering support, but this was rarely done. People and relatives had mixed views about how responsive the service was. Some felt the service was responsive to their needs. For example, "[Person's name] has one morning call seven days a week to help with washing and dressing only. The staff come around 10.30 but when [person's name] goes to day care they arrive earlier at 8.30, then on one day they have a bath, otherwise a wash it's usually about half an hour". Another person said, "[Person's name] has a routine we have half an hour each call but they (staff) often stay longer if more needs doing". However some people told us they had not felt the service was responsive. One person said, "The call should be 7.30 but the staff don't arrive until 9.30 now, I am up at 6.30 waiting, they help me with a shower but I get my own breakfast". Another person told us, "I can't rely on the times and duration, they just don't stick to it, they don't stick to the rota".

Staff also had mixed views about the information in peoples care plans and how this helped them to understand people's needs and preferences. Some staff felt the care plans held sufficient information to support them to understand people's preferences. Whilst other staff felt the information was brief and not up to date. We saw assessments included identifying people's communication needs and care plans included information about how people should be communicated with. There was accessible information systems put in place where needed. For example, one person required support from pictorial information this had been assessed, was entered in the care plan and information made available to support staff with communication. We found assessments and care plans held information about people's needs, however this was not consistent as some of the information was out of date and required review. The registered manager told us there was a plan in place to review all care plans and ensure the information in the phone system was up to date an accurate, we saw this plan was in place with timescales. This meant the improvements were needed to care plans to help staff understand needs and preferences.

People and their relatives understood how to make a complaint, but there was mixed views about whether complaints were addressed effectively. One person told us they were unhappy with the service and were leaving to go to another provider. They explained they had experienced late and missed calls which their relative had complained about, and although they had been told someone would investigate and get back to them, they still had not received a response. One relative said, "I made a complaint, it took a while to sort out, but it was eventually sorted, communication is the issue there, messages don't get passed on". The provider had a complaints policy in place. The registered manager told us they received complaints and worked through the policy to address these. We saw there was a complaints log in place which identified what peoples complaints were, how this had been investigated and the outcome. We found people received acknowledgment and an outcome which included any learning in line with the provider's policy. However, most people we spoke with told us that getting in touch with the registered manager to discuss any concerns was difficult. Messages were not responded to and they did not feel their concerns were addressed. We looked at the system for recording messages from people and relatives and found one

example of an incident that had not been recorded; therefore the registered manager had not been made aware. This showed that whilst formal complaints were responded to, improvements were needed in how people's concerns were documented and addressed.

People were supported with end of life care to have a dignified and pain free death. The registered manager told us they offered a palliative care service. People and relatives that we spoke with about this service were positive about their experiences. One person told us that it was important for them to have their sleep and that staff understood this. The staff checked if the person was awake and if not they would go away and return later to support them. A relative told that staff were working alongside the local nursing service and they came three times a day to support their relative they felt the care was good and commented that "Communication is really fantastic, I have numbers and the office get in touch with me regularly". The registered manager told us there was a specific team of staff in place that had received hospice training to enable them to have the skills to meet people's needs at the end of their life. Staff confirmed they were trained and felt able to support people effectively. We saw care plans were in place for people which showed details of peoples diagnosis, symptoms, how pain should be managed and their preferences and needs for personal care, meals and support. Staff were familiar with the care plans and felt these guided them to provide effective support. This meant people receiving end of life care had their needs and preferences assessed and these were understood by staff.

Requires Improvement

Is the service well-led?

Our findings

The registered manager told us they had experienced some difficulties with staffing over the past couple of months. They explained this was because of changes in their contractual arrangements which had left them finding it difficult to cover some calls. The registered manager said this had led to a period of late calls for some people in one area covered by the location. They had lost staff to another provider and this had made it difficult to cover calls. They had also experienced a period of inclement weather which had further impacted on this situation. The registered manager said they were working with the local authority to address this and had a recruitment plan in place. However we found that people were experiencing late calls and could not have their needs met at the times they needed them. This meant the registered manager had not got systems in place to ensure there were sufficient staff available.

We found there was a system in place to check if people had their call at the right time and if staff stayed for the duration of the call. However we found the system was not being used properly by staff and they were not clocking in to calls. This meant times had to be manually entered. We found the entries which had been put in the system did not match the times staff had signed in the daily log book. The times shown in the system were the same as the times in the schedule. This meant the manual entry was incorrect. The registered manager confirmed there were no checks carried out of the log books which staff signed to make this adjustment. This meant the system for identifying calls which were late, early or shorter and longer than commissioned was not effective. The operations director told us they were already aware of this and they had deployed an operations support manager to work with the registered manager and staff to address these issues.

Accidents and incidents were monitored for trends and themes. The registered manager told us that these were all entered onto a system which enabled them to review these and take action to prevent reoccurrence.

The registered manger told us they carried out a range of quality checks to ensure the service was operating effectively. The daily log books and MAR charts had a monthly audit process in place. We found that the audits were completed monthly however this was only with a small percentage of peoples records were checked through this process in each month. This meant that the registered manager had not identified all of the concerns we found during the inspection. For example, MAR charts had missing signatures for some people's topical medicine. We spoke to the registered manager about this and they said they would investigate. We were told after the site visit that an investigation had been carried out and action had been taken to remind staff of the policy for signing for all medicines. We also found there were missing entries on the daily log books. The audit had not identified these; however we were able to confirm after the site visit that this related to people cancelling calls rather than people not receiving their care.

People and relatives were asked to complete a survey on a regular basis to find out peoples experiences of care were. The survey asked for views about the care people received and the support they had from staff. We saw these were in place and the registered manager said this enabled them to identify any concerns which required addressing for the individual. We did not see any analysis of these to identify trends or

patterns of how they led to changes in the service.
The provider carried out regular audits of the location and the registered manager was given an action plan to address any areas of concern. We found the action plan had identified some of the areas of concern we found during the inspection and there were plans in place with timescales for completion. However this had not addressed the concerns at the time of the inspection.

The registered manager had regular meetings with care coordinators to discuss how they could make improvements to the service. We saw staff received supervision and there were observations done of staff competency, including medicines administration. However we found these checks had not ensured staff were following the policy for signing for topical medicines we found during the inspection.

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

The registered manager understood their responsibilities for notifications; however these were not always submitted in a timely manner. Notifications are required by law when incidents occur, such as allegations of abuse and serious incidents. We found there had been a delay in receiving some of the notifications regarding referrals to the local authority safeguarding unit. The registered manager identified this and immediately sent in the required notifications. The operations manager contacted us after the site visit to inform us all care coordinators had been reissued with guidance for notifications in response to identifying delays. Improvements were needed to the timely submission of notifications.

People and their relatives told us they found communicating with the registered manager and the care coordinators really difficult. One person said, "I am leaving the service, the problem is the office, you ring them up once, twice, they don't call you back or it's the answer machine, they say they will call you back but they don't, there are not complaints about the staff though". Another person told us, "I am not happy with them to be honest, you can ring and all you get is the answer phone". There were some people we spoke with that felt communication had worked well. One person said, "I've got the number for the office if I need it, I'd say they're good at communicating, they always get back to me". Staff had mixed views about communication with the registered manager and others in the management team. Some staff commented that it was difficult to get in touch with anyone at the office and that issues they raised did not get addressed. Whilst others felt they could easily access the support they needed one staff member told us they had received good support from the registered manager with some personal issues and they had gone above and beyond to help them. One staff member said, "I don't find the registered manager helpful, I have had issues which just don't get sorted out". Another staff member said, "I think the management team is supportive, I have regular one to one sessions with them where I can discuss things about my role". This showed the management team were not consistently available to listen to and support people, relatives and staff.

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 17 HSCA RA Regulations 2014 Good governance The providers systems for checking the quality of the service were not effective.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not have sufficient staff to meet peoples needs at the times they needed it.