Sevacare (UK) Limited

Sevacare - Wolverhampton

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?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 3 April 2017 and was announced.

Sevacare – Wolverhampton is registered to provide personal care to people living in their own homes. There were 144 people using the service on the day of our inspection.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection, there was no registered manager in post. We met with the manager who had applied to CQC to become registered manager of the service.

The provider's quality assurance had not enabled them to identify shortfalls in the quality of the service and appropriately respond to these. People's relatives did not always feel the provider and staff protected their family members from avoidable harm at all times. People did not always receive a punctual and consistent service. People and their relatives expressed frustration over the impact of late and missed calls. People's relatives did not always feel staff had the necessary skills and knowledge to meet their family members' needs. Staff lacked understanding of the Mental Capacity Act 2005, and what this meant for their day-to-day work with people. Most people and their relatives were dissatisfied with the manner in which the provider had handled their concerns and complaints. People and their relatives expressed mixed views about the management of the service, and some referred to difficulties in contacting the manager. Most staff were concerned about the lack of travel time allocated between their calls.

Staff understood the different forms and potential signs of abuse and how to report any concerns of this nature. The risks associated with people's care and support had been assessed with them, recorded and plans put in place to manage these. Staff understood the importance of working in accordance with people's risk assessments. The provider adhered to safe recruitment practices to ensure prospective staff were suitable to work with people. They had also developed systems and procedures designed to ensure people received their medicines safely and as prescribed.

Staff received induction, regular supervision and participated in an ongoing programme of training to help them perform their duties and responsibilities. People's consent to care had been sought by the provider. People had appropriate support from staff to eat and drink, where they needed this. Staff played a positive role in helping people to maintain good health, assisting them to access healthcare services as required.

Staff treated people with kindness and compassion, showing concern for their wellbeing. The provider had taken steps to support and encourage people to share their views and be involved in decision-making that affected them. Staff understood the need to protect people's privacy and dignity, and demonstrated this in care and support they provided.

People and their relatives were encouraged to participate in needs assessment, care planning and care reviews. People's care plans included details of their background and what mattered to them, and staff made use of these.

The majority of staff felt well supported by the manager. Staff understood the role of whistleblowing and felt comfortable about challenging the provider's decisions or work practices if they needed to. The manager understood the duties and responsibilities associated with their post, and had the support they needed from the provider to make improvements in the service. The provider had developed and implemented quality assurance systems in order to assess, monitor and improve the quality of the service provided.

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

People and their relatives were not always satisfied staff adhered to safe work practices. People did not always receive a consistent and reliable service. Staff understood how to recognise and report abuse. Systems and procedures were in place designed to ensure people received their medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People and their relatives did not always feel staff had the right training to meet their needs. Staff lacked understanding of the Mental Capacity Act 2005 and its implications for their work. People had the support they needed with eating and drinking. Staff helped people to access healthcare services when necessary.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion. People's involvement in decisions about their care and support was encouraged by the provider. Staff recognised and protected people's rights to dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People and their relatives did not always feel their concerns and complaints were responded to appropriately by the provider. People had individualised care plans and staff understood the importance of following these. People's care plans were reviewed with them on a periodic basis to ensure these reflected their current needs and requirements.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider's quality assurance had not enabled them to appropriately respond to significant shortfalls in the quality of the service. People and their relatives expressed mixed views about the management of the service and the extent to which they felt listened to by the manager. Most staff felt well supported by the manager, but had unresolved concerns about the lack of travel time between their calls.

Sevacare - Wolverhampton

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.

The inspection took place on 3 April 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 at the office.

The inspection team consisted of one inspector.

As part of our inspection, we reviewed the information we held about the service. We also contacted representatives from the local authority and Healthwatch for their views, and looked at the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law.

During our inspection, we spoke with six people who used the service, 13 relatives, a social worker and a Quality Assurance and Compliance Officer from the local authority's commissioning team. We also talked with 14 members of staff, including a regional manager, the manager, senior care staff and care staff.

We looked at two people's care files, complaints records, three recruitment records, staff rotas, medicines records, the provider's service user guide, selected policies and procedures, and records associated with the provider's quality assurance systems.

Requires Improvement

Is the service safe?

Our findings

Most of the people and relatives we spoke with told us staff followed safe work practices, and helped people to stay safe in their own homes. For example, one person explained, "They (staff) will stand by me until I'm settled safely on the toilet or chair." Another person said, "[Staff member] makes sure everything is clean and the floor is dry so I don't slip."

However, some relatives raised concerns about the extent to which the provider and staff had protected their family members from avoidable harm. One relative described how, on two occasions, staff had attempted to make use of a transfer aid previously deemed unsafe by an occupational therapist. On the latter occasion, staff had also failed to apply the brakes on their family member's commode, resulting in them falling onto the floor. We discussed these events with the manager. They informed us these matters were still under internal investigation, but that the staff in question had been retrained and were working under direct supervision at present.

Another relative explained their family member needed support from two staff to move around their home safely. They expressed concern that, on one occasion, a staff member had been advised by the provider's branch office to proceed with the call without waiting for their colleague, who was delayed. During our interviews with staff, a staff member told us, "I have been told by the on-call that if you can do it [carry out calls] on your own, then get on with it." They went on to say this included calls where two staff were needed to move people safely, and that they had recently refused to use mobility equipment under these circumstances. Two relatives also raised concerns about staff members' failure to change disposable gloves between care tasks, resulting in an increased risk of cross infection.

We discussed these issues with the manager. They told us staff received instruction on safe moving and handling and infection control as part of their induction and refresher training. Unannounced spot checks and staff competency assessments were carried out by senior staff to confirm staff were working in accordance with their training. The manager informed us staff would not be directed or expected to carry out any moving and handling activity alone, where two members of staff were required. However, on rare occasions, staff may ask an appropriate family member to assist them with certain moving and handling tasks.

At our last inspection, all of the people and relatives we talked with raised concerns about having received late calls on occasions. During this inspection, most of the people and relatives we spoke with told us people were still not receiving a punctual and consistent service, particularly at weekends. They said late or missed calls continued to affect their confidence in the provider, and expressed frustration at the provider's failure to notify them when staff were running late or unable to attend. On the subject of late calls, one relative said, "My relative gets very upset and is [age]. I have no confidence whatsoever at weekends, and ring my relative every 15 minutes to check." Another relative explained their family member needed help from two staff to get up in the morning. They told us one of the two staff was often significantly late, particularly at weekends, resulting in their family member having to wait in bed for up to two hours. A further relative said, "They (staff) are rarely on time." They went on to say, "They have been as late as 9.50 a.m. for

[family member's] first visit of the day that is supposed to be at 7.15 a.m."

We discussed the concerns raised regarding late and missed calls with the manager. They acknowledged that high levels of staff sickness absence had resulted in people experiencing late calls at times. However, the reliability and punctuality of the service had, they felt, significantly improved over the course of this year. This was due, in part, to closer, daily monitoring of late calls through the electronic call monitoring system, improved staff deployment, and reduced levels of staff sickness absence. The manager told us staff turnover was an ongoing issue and that, as a result, they were continually seeking to recruit new staff.

Where it was agreed that staff would help people with their medicines, people and their relatives expressed mixed views about the adequacy of the support provided. One person described how staff gave them the physical assistance needed to take regular pain relief medication. Another person told us staff reminded them to take their evening medication each day. A relative said, "They (staff) come when they should and my relative gets their medicines when they should." However, two relatives referred to the impact of late calls upon their family members' ability to take their medicines as prescribed. In one instance, this related to regular medicine needed to control the symptoms of a long-term medical condition, and, in the other instance, medicine to help the person sleep. Another relative was concerned about the lack of care with which staff applied their family member's prescribed skin creams. We saw the provider had developed systems and procedures designed to ensure people received their medicines safely. These included an individualised assessment of the support people needed with their medicines, medication training for staff and the completion and auditing of medicine administration records.

Staff had been trained in how to protect people from abuse as part of their induction and refresher training. They understood the different forms abuse can take, and the potential signs to look out for. Staff gave us examples of the types of things that would give them cause for concern, such as unexplained marks and bruising, or marked changes in people's mood or behaviour. They told us they would immediately report any such concerns to the manager. One staff member said, "I'd note it down and come and see the manager straightaway." Staff also understood their role in supporting people and their relatives to come forward with any concerns about their safety or wellbeing. One staff member explained, "I encourage them (people) to trust me and ask them if they'd like support to bring issues to the attention of others."

We saw people and their relatives were provided with information about abuse and how to report it from the outset of their care, as part of the provider's "service user guide". We saw the provider had developed formal procedures designed to ensure any abuse concerns were reported to the relevant external agencies and investigated. Our records showed that they had previously made notifications to CQC in line with these procedures.

The provider carried out checks on prospective staff to ensure they were suitable and safe to work with people. These included an enhanced Disclosure and Barring Service (DBS) check, identity checks and references from previous employers. The DBS carries out criminal records checks to help employers make safer recruitment decisions. Staff confirmed they had undergone these checks before they were allowed to start work with people, and we saw evidence of the same in the recruitment files we looked at. The provider had developed formal disciplinary procedures to deal with any conduct issues, once staff were in post.

The management team had assessed, recorded and reviewed the risks associated with people's care and support needs. This assessment considered important aspects of people's safety and wellbeing, including any potential hazards within the home environment, people's mobility needs and the safe use of mobility equipment, and the prevention of falls and pressure sores. People and their relatives confirmed they had been involved in decision-making with the provider about risks and staying safe. Staff understood the

importance of working in accordance with people's risk assessments, and demonstrated insight into these. They told us communication within the service was generally good, and that they had the up-to-date information needed to work safely. One staff member explained, "We get a call from the office if something is different or people's needs have changed. We also report any changes to the office." In the event that people were involved in an accident or incident, staff understood the provider's procedures for reporting and recording these events. The manager described how they used these reports to identify causes and trends, and prevent things from happening again.

Requires Improvement

Is the service effective?

Our findings

At our last inspection, the people we spoke with had mixed views about staff competence to undertake their job roles. During this inspection, people and their relatives, again, expressed different opinions on this subject. Some people and relatives felt staff had the right level of knowledge and skills to meet people's needs. One person told us, "[Staff member] does everything the right way and is very correct. They have obviously been well trained." Another person said, "Staff are very competent and efficient." However, other relatives expressed concern about the standard of staff training. One relative told us, "They (provider) have some very inexperienced staff. The trouble is the new staff come and watch existing staff when they start, but, if the staff they are watching are no good, all that happens is the new staff pick up those bad habits." They voiced particular concerns around poor hand hygiene practices and the tendency of staff to reuse disposable gloves. Another relative described the lack of confidence staff had shown in how to operate their family member's hoist and correctly position their sling. They told us, "I don't think they (staff) have had any training whatsoever; that's what it's felt like." A further relative felt staff lacked the skills to wash or bathe their family member properly.

Most staff spoke positively about their training with the provider, and the extent to which this enabled them to work safely and effectively. One staff member told us, "The training is really good. They cover enough and if you're unsure about anything, there's always refresher training available." Another staff member told us, "It [training] was spot on for me." They felt their training on the early warning signs of pressure sores had been particularly beneficial, as they had no prior experience in this area. However, some staff did not feel the training provided was sufficient. One staff member told us, "I don't think the training's the best. I have found that carers don't know how to use hoists safely." Another staff member said, "I've done this work before, but the training's not enough if you're new to care." The manager explained that staff participated in an ongoing programme of training, which took into account both the provider's mandatory requirements and people's individual care and support needs. We saw the provider maintained up-to-date training records to help them keep on top of staff training and development.

Upon starting work for the provider, staff underwent induction training. During this period, they completed an initial three-day training course and worked alongside more experienced members of staff. The manager confirmed that the provider's staff induction programme incorporated the requirement of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff. Staff felt their induction had been a valuable and effective process. One staff member told us, "It was brilliant. I was impressed with the initial training and information they gave you. I did shadow shifts and the carer was brilliant. They took their time to explain things. I could then hit the ground running and I wasn't thrown in at the deep end." Another staff member said, "I had fun. They made it enjoyable, but it still stuck in your head." They went on to say that, having completed the provider's induction, "I was ready to go out and I knew what I was doing."

At our last inspection, we found not all staff had received regular supervision. During this inspection, staff told us they participated in regular one-to-one meetings with the manager or another senior member of staff. They felt supervision was a useful and constructive process, during which they received feedback on

their work and were able to discuss any difficulties or additional support needs. One staff member explained, "They (supervisor) ask how I'm getting on, whether I'm happy with things, if I'm having any issues with clients and whether I want additional training."

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. Whilst the manager demonstrated an appropriate understanding of the requirements of the MCA, staff lacked understanding of the MCA and its implications for their work with people. This included the meaning of "mental capacity" and the role of best-interests decision-making where people are unable to make a particular decision. We discussed the lack of insight staff demonstrated into the MCA with the manager. They told us the requirements of the MCA were covered as part of staff induction and refresher training, but that they would review any additional support needs staff may have in this area. We saw evidence in people's care files that their ability to consent to care had been assessed and their consent sought.

Where applicable, people confirmed they had the support they needed from staff to eat and drink on a day-to-day basis. They said staff helped them prepare meals and drinks according to their wishes and preferences. One person told us, "I just tell them (staff) what I want to eat, and they do it for me." Another person said, on the subject of their hot drinks, "Staff always ask how much coffee, milk and sugar I want." The manager confirmed that people's nutritional and dietary requirements were considered as part of the assessment of their care and support needs.

Most people and their relatives told us staff would help people to seek professional medical advice or treatment in the event they were unwell or in pain. One relative expressed disappointment over staff members' failure to act promptly when their family member suffered a fall, resulting in another relative having to take the lead in requesting an ambulance. We saw people's medical history and ongoing medical conditions were recorded in their care files, to ensure staff were aware of their health needs. Written protocols were also in place for specific health conditions, such as epilepsy, and monitoring of people's skin integrity carried out where deemed necessary. Staff understood the need to remain alert to any significant changes or deterioration people's health through their day-to-day contact with them.

Good

Is the service caring?

Our findings

At our last inspection, people expressed mixed views about the opportunity they had to develop good relationships with regular staff over time. During this inspection, most of the people and relatives we spoke with told us people were supported by regular staff. One relative told us, "We've got continuity, which really good for [person's name] who has dementia." Another person said, "My relationship with my carers is natural and easy. They really understand me and what I want." However, the level of staff turnover and lack of regular staff were a concern to other people and relatives. One person said, "It just seems to be a very high turnover. They (staff) get to know [person's name] and then they're off." We discussed people's access to regular staff with the manager. They assured us providing people with regular staff, whenever possible, was a priority, and that they were continually reviewing staff deployment to this end.

People and their relatives told us staff treated people with kindness and compassion. They said staff spoke to people appropriately, and showed concern for their wellbeing. One person spoke about the insight staff had into their arthritis, and the help they gave them to brush their hair when they were experiencing back pain. Another person appreciated the fact that, whenever possible, staff took the time to sit and talk with them at the end of their calls. They explained, "They (staff) are very, very nice to me and have a chat with me. If I have any problems, I'll usually tell them." A further person told us they enjoyed talking with their main carer about their shared interest in Hindi. They went on to say, "The care I've had, especially from [staff member], is very good. They are very solicitous and know my wants and needs." A relative said, "My relative had developed a good bond with the carer, who talks to them to make sure they are ok and will ring me if anything is wrong."

The staff we spoke with demonstrated insight into people's individual needs, and talked about the people they supported with respect and affection. They recognised the importance of listening to people in order to understand what matters to them. One staff member told us, "Through talking to them (people), you get to know them better."

People and their relatives were satisfied with the level of involvement they had in decisions about the care and support provided. They told us a member of the management or senior team had met with them, when their care started, to talk about the support they wanted and needed. One person told us, "My daughter was here when in the first instance and we went through everything. She laid down a few rules and they've done exactly what we asked for." The manager explained that people's involvement in the assessment, planning and review of their care was actively encouraged, and we saw evidence of this involvement in the care files we looked at. The provider had developed the facility to produce people's care plans in alternative formats, including large print, if they requested this. Amongst the information included in the provider's "service user guide" was information on local independent advocacy services, should people wish to make use of these.

People and their relatives told us staff treated people with dignity and respect. One person said, "All my carers are very good; they are respectful and polite." On this subject, one relative said, "They (staff) ask [family member] whether they want a wash or a shower and what they want to eat and drink. They are very good in that regard." Another relative said, "They (staff) are very respectful, and always considerate when

washing and dressing them." The manager told us staff received training on people's rights to privacy and dignity, including the need to protect people's personal information. The staff we spoke with understood the importance of treating people in a respectful and dignified manner. They gave us examples of how they did this by, for example, protecting people's modesty during personal care and seeking their permission before carrying out care tasks. One staff member explained, "I speak to the clients and ask them what they want. I tell them before I do things. I don't just jump in; I always ask their permission."

Requires Improvement

Is the service responsive?

Our findings

At our last inspection, people were aware of the provider's complaints procedure. However, they were not always satisfied their complaints had been taken seriously by the provider, or confident future concerns would be addressed.

Most of the people and relatives we spoke with during this inspection were, again, dissatisfied with the provider's handling of their concerns and complaints. They expressed frustration over the manager's failure to respond to their concerns and complaints, and lacked confidence these would be investigated and acted upon. One person told us, "The other night I didn't have a carer at all. I rang them and told them the next day. They apologised and said they would look into it, but I've never heard back." This person added, "They just say they'll look into it, but I never hear anything back." A relative explained they had complained to the provider about the late calls experienced by their family member. They told us, "They (management team) are very articulate and appear very professional, but nothing changes." They went on to say, "We are told [manager] will call back, but they never do. It's got to the stage with [manager] that we don't bother contacting them, as they never come back to us. We've given up on them." Another relative said, "We tell them (management team) lots of things all the time, but it's as if they don't listen or hear." A further relative told us, "They (management team) said I was always complaining, so I don't usually say anything to them anymore."

A social worker we spoke with described the provider's approach towards complaints as "poor and not very responsive", referring to difficulties in contacting the manager. A Quality Assurance and Compliance Officer from the local authority's commissioning team was also dissatisfied with the provider's response to complaints. They told us, "We have been bringing concerns to their attention. Things improve for a short while and then drift back. It's very difficult to get hold of the manager."

Some people and relatives told us the provider had handled concerns and complaints to their satisfaction. One person said they had complained about a late call, and that the situation had since improved. A relative said, "If I wanted to make a complaint, I would ring the office. When I have rung them for anything, they have been very good."

We discussed the concerns raised regarding the handling of concerns and complaints with the manager. They acknowledged that complaints had not been dealt with appropriately last year, under the service's previous management. This had resulted in a backlog of unaddressed issues, which they had worked their way through. The manager felt complaints management had since improved greatly, and that concerns and complaints were now being dealt with in line with the provider's procedures. They were not aware of any outstanding concerns or complaints which had yet to be acknowledged or responded to. The manager told us all complaints were taken seriously, investigated within a three-week period, and immediate action taken to address any urgent concerns. Although they were often called into meetings, the manager said they made every effort to get back to people about their concerns as quickly as possible.

We saw the provider had developed a formal complaints procedure that should have ensured good

complaints management. We looked at the most recent complaint recorded in the provider's complaints log, which related to late calls. We saw the concerns raised had been investigated, action taken to resolve these and the complainant informed of the outcome of their complaint.

The provider encouraged people's more general feedback on the service through, amongst other things, the distribution of annual feedback surveys, periodic courtesy calls and the newly-introduced "service user forum" meetings. We looked at the results of the most recent feedback survey in July 2016. We saw the management team had analysed the feedback people provided and taken recorded actions to address the issues raised. These included steps to ensure that people and their relatives were clear how to contact the provider outside of office hours, and that staff consistently carried identification. People and their relatives confirmed they had received feedback questionnaires from the provider. One relative told us, "I have had a questionnaire and I have asked about my views." However, some relatives were not convinced their feedback was taken seriously. One relative told us, "They (provider) just want to hear that everything is tickety-boo. They ignore the rest." Another relative said, "I have given feedback on questionnaires about night-time issues and nothing changes."

Most people and their relatives confirmed they had been involved in a formal assessment of their needs and personal requirements before their care and support commenced. One relative expressed concerns about a significant delay in the provider's assessment of their family member's care and support needs. They told us, "The carers just came out for the midday visit with no insight or formal assessment. It was a week before anyone came out [to complete a formal assessment]." We discussed this issue with the manager, who assured us the formal assessments of people's care and support needs were normally carried out in a timely manner.

The care plans we looked at during our inspection reflected an individualised assessment of people's needs and personal requirements. They provided staff with detailed guidance on the completion of care tasks, and included information about the individual's personal background, hobbies and personal goals. Staff understood the purpose of, and importance of working in accordance with, people's care plans. One staff member explained, "As soon as you arrive, you are supposed to look at the care plans to see what you've got to do, then start your duty." Another staff member told us, "They (care plans) are a godsend. If you don't know the client, and you also speak with the client and family, it's all there for you." They went on to say, "[Through reading care plans] you know what they're interested in; it gives you something to talk about with the client."

A member of the senior staff team reviewed people's care plans with them on a periodic basis. We saw evidence of these reviews in the care files we looked at. One relative explained, "We had a review a few weeks ago to make sure everything was all right. They reviewed their medication and asked whether we needed anything else. I met a member of office staff at my relative's flat."

Requires Improvement

Is the service well-led?

Our findings

During our inspection, we met with the manager, who had applied to CQC to become registered manager of the service, and the area manager who was their line manager. The manager, who had been in post for approximately five months, demonstrated a good understanding of the responsibilities associated with their post, and indicated they were well supported by their line manager. They felt the provider gave them access to the resources and support needed to make further improvements in the service.

Most of the people and relatives we spoke with knew who the manager was and how to contact them. We saw the provider had developed systems and procedures to gather people's views on, and encourage their involvement in, the service. These included newly-introduced "service user forum" meetings, where people and their relatives were invited into the branch office to share their views with the management team.

However, people and their relatives expressed mixed views in relation the management of the service. Some of the people and relatives we spoke with described an open and productive dialogue with the manager. For example, one person told us, "[Manager] is always friendly and helpful." A relative said, "My personal impression is that [manager] is nice, and that they try their best to sort out a problem." However, other people and relatives had less confidence in the management of the service, pointing towards poor communication with the manager and a perceived lack of action to resolve their concerns. One relative told us, "You can never get hold of the manager; they don't seem to care." Another relative said, "They (provider) can never reach their staff on the phone. It's ridiculous how often they can't get hold of [manager]." They went on to say, "There's always an excuse as to why they can't sort anything out. They won't ring you back, so I have to chase it up myself."

The provider had put procedures in place to enable staff to voice their opinions on the service, including one-to-one meetings and regular staff meetings. However, the majority of staff we spoke with had unresolved concerns about the lack of travel time factored in between their calls. One staff member explained, "There's no travel time. When you get here, the clients will be upset because you're late." Another staff member said, "They (provider) don't give you travel time. You have to consciously shave a couple minutes off calls to get to clients at the time they expect you to." A further staff member said, "They (calls) are just back to back. You can either start early or you're late which they (people) don't like" Staff indicated the provider was aware of this area of concern.

We discussed staff members' concerns regarding the allocation of travel time with the manager. They told us the process of incorporating travel time between calls had begun a few months ago. Approximately 50 percent of the staff rotas sent out on a weekly basis now had travel time factored in. The manager acknowledged the need for further improvement in this area, and told us they were actively working to increase this percentage.

Aside the issue of travel time, most staff we spoke with felt well supported by the manager and were clear about what was expected of their job roles. Staff were aware of the provider's whistleblowing policy, and felt comfortable about challenging decisions and working practices if they needed to. One staff member praised

the prompt manner in which the management team had acted upon their concerns about a marked deterioration in one person's mobility, increasing the number of staff involved in their transfers. They told us, "They (management team) are there for me and the clients." Another staff member said, "I get on well with [manager]; they are very good." They added, "If anything was bothering me, I'd speak with them." However, two members of staff referred to difficulties in contacting the manager when they needed a response from them. One staff member told us, "[Manager] promises you they'll get back to you. I've been chasing and chasing and they didn't come back to me." They went on to say that, as a result, "Unless it is a complete and utter disaster, I don't get in touch." Another staff member said, "I've had a lot of service users say to me they don't get called back. Staff don't get an answer either. I've been phoning, texting and emailing the manager and I don't get a reply."

The provider had implemented quality assurance procedures designed to assess, monitor and improve the quality of the care and support people received. These included unannounced audits by the area manager and the provider's quality manager, in addition to a range of audits and checks carried out in branch. In-branch quality assurance included routine audits on people's care records, medicine records and monitoring charts. Staff also underwent unannounced spot checks and competency assessments with a senior staff member to check they were working in line with the provider's procedures, and to identify any additional support they may need.

The manager and regional manager discussed with us their plans for ongoing improvements in the service, which included more effective staff deployment. We saw evidence of improvements, in areas such as staff supervision, medicines records and methods of seeking and recording people's consent to care. However, the provider's quality assurance had not enabled them to satisfactorily address the concerns people and their relatives had about the punctuality and consistency of the service, and the provider's handling of complaints. These areas of concern to people were also highlighted during our previous inspection on 10 December 2015.

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

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 provider's quality assurance systems and processes had not enabled them to identify shortfalls in the quality of the service and appropriately respond to these.