Nestor Primecare Services Limited

Allied Healthcare - Middlesbrough

Inspection report

Unit 8, River Court, Brighouse Business Village
Brighouse Road
Middlesbrough
Cleveland
TS2 1RT

Tel: 01642702380
Website: www.alliedhealthcare.com

Date of inspection visit:
01 November 2018

Date of publication:
18 December 2018

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 took place on 1 November 2018 and involved visiting the service, reviewing records, visiting people using the service in their own homes, talking to relatives and, interviewing care workers.

The inspection was announced which meant that we gave the provider 48 hours' notice of our visit. This was because the location provides a domiciliary care service and we needed to ensure that suitable management would be available.

This inspection had been brought forward because we had received a number of safeguarding concerns which had been raised about the service following the closure of their Redcar branch. When this branch was closed, all staff and care packages were moved to the Middlesbrough branch. Concerns included missed calls, care workers not knowing people's care needs and rotas not being issued in a timely manner.

Allied Healthcare Middlesbrough is a domiciliary care agency which provides personal care to people living in their own houses and flats in the community. This includes children, younger adults and older adults. Not everyone using Allied Healthcare Middlesbrough receives a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care,' help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of the inspection there were 168 people using the service, 153 people were living within the Middlesbrough area and 15 people were living within the Redcar area. We looked at all records relating to both areas during this inspection.

We last inspected the service on 26 April 2017 and rated the service to be Good. At this inspection we found the service had deteriorated and rated the service as requires improvement. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection the service had a registered manager who was currently absent from their work. A registered manager is a person who has registered with the CQC 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 and their relatives told us they did not think the service was consistently well led and raised concerns about how the standard of the service had deteriorated over recent months.

The provider had a range of quality monitoring audits in place but these had not been undertaken effectively over recent months to identify issues within the service and act upon them to make improvements. Quality assurance and governance processes are systems that help providers to assess the

safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

Medicines records were not being managed safely and did not always keep people safe. We found records completed by care workers were not always accurate and up to date. Audits of medication administration records (MARs) had not been undertaken to identify if people were receiving their medicines as prescribed.

Best interest decisions were not always recorded to reflect the process had taken place and who was involved when best interest decisions were made for people.

Individual risk assessments were not always in place where specific health issues had been identified in care plans. This meant that care workers were not always provided with the information to enable them to mitigate these risks when providing care to people.

The provider had safe recruitment and selection procedures in place and most checks had been undertaken before staff began work. We found some gaps in people's employment history had not been recorded prior to the person commencing their employment.

People were supported by enough people to meet their needs safely.

People told us that they felt safe when they received support from care workers in their own home. Care workers understood safeguarding, what their responsibilities were and could tell us what action they would take if they had any concerns about the way people were supported. Care workers received training in both safeguarding of adults and children.

People told us they felt care workers were kind, caring and treated them with dignity and respect when providing care. People and their relatives knew how to raise a complaint. Policies and procedures were in place to investigate and respond to complaints appropriately.

The provider told us that they had a training programme in place for all care workers which included mandatory and refresher training. Care workers told us they received training in all aspects of their role. However, records provided were not always up to date to evidence care workers training.

Although care workers had not consistently received regular supervision they gave us positive feedback and told us they were supported by management and could approach them at any time.

At the time of our inspection nobody was receiving end of life care. However, with the support of other health care professionals people could remain at the home at the end of their life and receive appropriate care and treatment.

People's nutrition and hydration needs were met and they were supported to maintain a healthy diet. Where needed records to support this were detailed.

People were supported by person centred approaches this means peoples preferences and choices are respected when planning and receiving care and support.

Notifications of significant events were submitted to us in a timely manner by the manager.

Partnership working was in place with other professionals, including; health care professionals, or specialist

consultants including community nurses and physiotherapists were Involved in people's care as and when this was needed and care workers supported people with any appointments.

Evidence was available to show that all accidents and incidents were responded to appropriately by the registered manager and used as a learning opportunity.

We found two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach relates to risk management and good governance of the service. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The providers recording systems for medicines management were not always effective.

Risks associated to people's health issues were not always assessed to provide care workers with guidance on how they could manage risks to reduce harm.

The recruitment process was safe. However not always robust as some gaps in care worker's previous employment were not always recorded.

People were protected from harm and the risk of abuse by care worker who understood their responsibilities for safeguarding people.

Is the service effective?

Requires Improvement

The service was not always effective.

Records for best interest decisions were not always in place for people who required them.

Records of some training were not up to date to evidence that care workers had the required knowledge and skill to effective provide support to people.

Care workers were not always receiving regular supervision in line with the providers procedures.

Is the service caring?

Requires Improvement

The service was not always caring.

The provider did not always ensure that people received consistent care workers who were knowledgeable in their care and support needs.

People were supported to maintain their independence.

People felt that most of care workers were kind, caring and treat them with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Information in care plans was not always accurate in relation to the persons' current assessed needs.

Reviews of care plans were out of date.

People told us they knew how to raise complaints and we found that the provider responded to complaints in line with their policy.

Care workers received training in equality and diversity

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider did not have effective systems in place to monitor and improve the quality of medicines records.

People told us that the provider did not always communicate with them effectively.

The provider was working closely with the local authority in relation to the issues identified around how the care is provided.

Care workers told us that they felt supported by the registered manager and directors.

Allied Healthcare - Middlesbrough

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.

We gave the service 48 hours' notice of the inspection. This was so we could be sure that there was suitable management available when we visited due to the absence of the registered manager.

We visited the office location on 1 November. The inspection included visiting and talking to people using the service, talking to their relatives, interviewing staff and reviewing records.

The inspection team consisted of two adult social care inspectors, two pharmacy inspectors 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.

Before this inspection we reviewed all the information we held about the service. We had received a number of safeguarding concerns raised about the service following the closure of their Redcar branch and the transfer of the management of staff and care packages to the Middlesbrough branch.

A number of care workers had left the provider and the Middlesbrough branch were unable to provide suitable cover to all care packages. We spoke with the nominated individual to raise our concerns. Following this they developed an action plan that we looked at before our inspection. The nominated individual has overall responsibility for supervising the management of the regulated activity, and ensuring the quality of the services provided.

Prior to inspection, the service had been placed into a serious concerns protocol with one of the local

authorities who commission services. We attended the meetings which had taken place and had shared relevant information. At these meetings, the provider was asked to outline how they would make the necessary improvements to the service.

We also looked at notifications the provider had sent to us. A notification is a record about important events which the service is required to send to us by law.

We contacted professionals involved in caring for people who used the service, including commissioners and Healthwatch England. Healthwatch England is the national consumer champion for health and social care services.

During the inspection we spoke with nine people living across the Middlesbrough and Redcar area, and four relatives by telephone.

We also spoke with the regional director, the care delivery director, three supervisors, two care co-ordinators and nine care workers.

We looked at eight people's care records, three care workers recruitment files, the care workers rotas, medicines administration records (MARs) and the records of quality assurance checks carried out by the provider

Requires Improvement

Is the service safe?

Our findings

During our inspection we were told by people, their relatives and care workers about how difficult a time it had been when the two branches were merged, but things had started to improve. People using the service told us "They [office staff] seem to be getting to grips with the changes now" and "Things are getting better, new staff are not so familiar to my needs but they are getting there."

Care Workers told us "Things have settled down, we are managing with what we get now" and "The situation has got better, before it was crisis management."

We found generic risk assessments were in place for the safe moving and handling of people, use of equipment, food hygiene and infection control. These risk assessments were linked to the providers core procedures.

We found some care plans did not always provide accurate information regarding people's care needs. The needs assessment for one person identified that they used a urinary catheter. We found no guidance for care workers about the safe care of the person's catheter and signs to be aware of to identify any issues. Another person had recorded within their care plan that they required the of use of bed rails, however there was no guidance for care workers to explain why these were required.

Not all people were protected from risk of harm. Personalised risk assessments for some people were not in place for example; medicines. We found some risk assessments had not been completed so that the provider could be sure that people knew when and how to take their medicines and that care workers could support people safely.

One relative told us "A new care worker came and had information about [relative] on their phone, they [office supervisors] had sent a message, it never mentioned [person] has breathlessness, muscle spasms or the time of their medication."

Other areas where we found risk assessment were required included the safe use of bed rails, risk of pressure sores, breathing difficulties, risk of under-nutrition and choking. We found the risks associated for these health issues were not always assessed and care workers had no guidance on how they could manage those risks and reduce the level of harm to people. We spoke with the directors about this who told us individual risk assessments would be reviewed.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe Care and Treatment.

We looked at the systems in place for medicines management and found they were not robust because records we looked at were inaccurate.

Medicines records were not always accurate and up to date. For example, one person we looked at did not

have a current MAR (medicines administration record) in place. We found hand written medicines records which had the incorrect dose recorded. We found on several occasions the incorrect strength of this medicine was recorded. We also found that some prescribed medicines were missing from charts. We requested more records during our inspection. However, they were not provided for us.

One relative raised concerns regarding their relative's care in relation to their medicine records. They told us, "Care workers give [relative] their morning tablets, there has been no MAR since 25 October. No one is bothering to bring any MARs, [care workers] have been hand writing on a piece of paper. [Person's name] gets their tablets on time."

Information provided following our inspection showed that a new MAR had not been put in place until 6th November 2018. This is not in line with the providers medicine policy which states that all medicines administered must be recorded on a MAR provided monthly by the management team.

In one person's care plan we found that the instructions for staff were not clear. The risk assessment stated that they required their medicines to be 'administered by care workers' but we saw on the MAR that on some occasions the person had already taken their medicines themselves. Records we looked at in the person's home stated that the person had taken their own medicines yet on inspection they were still present.

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

The provider had a recruitment policy and procedure in place to reduce the risk of unsuitable care workers being employed but this was not always followed. We looked at three care worker recruitment records and found gaps in two people's employment history where there was no evidence recorded that checks had been undertaken. The directors told us that the person would not be 'cleared' to commence employment until all satisfactory checks had been made.

We saw evidence that all other pre-employment checks were completed in line with the providers policy. References had been obtained and a Disclosure and Barring Service (DBS) check had been completed before people started work in the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people working with vulnerable adults.

People were protected from harm and the risk of abuse by care workers who understood their responsibilities for safeguarding people. Policies and procedures were in place to safeguard people.

Care workers were aware of the different types of abuse that could occur and the actions they would take to report any concerns. Comments included, "We get training in both adult and children's safeguarding", "If I had any concerns I would escalate them immediately to the branch or out of hours [team]" and "I would ring the office if I had any concerns, if nothing was being done. There is a whistleblowing number for us to ring in our care pack. "

We found generic risk assessments were in place for the safe moving and handling of people, use of equipment, food hygiene and infection control. These risk assessments were linked to the providers core procedures.

There were enough care workers deployed by the provider to manage their current packages of care in both the Middlesbrough and Redcar areas.

People and their relatives told us, "My [relative] likes the carers, they have a good laugh. We see regular carers and get a rota telling us who is coming", "They [care workers] sit with [relative] when they have finished everything and talk to [relative]" and "They [care workers] are mostly on time, sometimes they get delayed due to another call."

Care workers told us that they had enough time to provide people's individualised care. They told us, "We get plenty of time to spend with people, there's no rushing about" and "Staffing levels are good, I would say we get a good amount of time with people."

Accidents and incidents were reported and reviewed to minimise the risk of them happening again. We saw that records where reviewed looking for any patterns or trends that may suggest a person's support needs had changed and required a review of their support.

Policies and procedures were in place to ensure good standards of infection control. Care workers told us they used personal protective equipment such as gloves and aprons when providing care and that they were readily available whenever this was needed. One person told us that care workers 'Always wore gloves and aprons' when supporting them with their care.

We were told by the directors that infection control was part of the mandatory training for care workers employed by the provider although we were unable to identify which care workers had received this training due to lack of training records being provided at the time of inspection.

Requires Improvement

Is the service effective?

Our findings

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 provider was working within the principle of the MCA. The provider had a policy and procedure in place to assess people's capacity to consent and make decisions about their care but records were not always fully completed. Where people had been assessed as lacking capacity to make their own decisions and, when best interest decisions were required to support the person, we found best interest decisions were being made for people without being recorded.

One person's support plan stated, 'I lack capacity to understand information given to me. All services will liaise with each other regarding my best interests; [relative] is also present.' We saw recorded within this person's records that they were at risk of falling out of their wheelchair. Within their care plan it stated. 'To prevent harm, [person] must be fastened into their wheelchair immediately on transfer.' We could find no record of a best interest decision being made about this.

We discussed the requirement to record best interest decisions with the directors. We were provided with a copy of a 'personalised best interests and mental capacity assessment' record and were informed that these would be completed involving people's representatives.

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

We found there was comprehensive training, delivered in two parts, to care workers around MCA. We saw that some care workers were still working towards completion of the two training packages and were told by the directors that there was a drive within the service to get this completed.

One care worker told us, "I have had MCA training and know that when someone can't make decisions for themselves they should be done in the persons best interests and involve family."

People were involved in decisions about their care. Care workers told us that they followed people's wishes and offered them choice. We saw some consent was sought for people around their personal care needs and managing their medicines.

Care plans were linked to the providers core policies and procedures which gave care workers clear guidance in areas such as safe practices for moving and handling of people, food preparation and hygiene, washing and bathing.

People had been assessed as requiring a nutritious diet to keep them healthy. We discussed with the directors that care workers should be provided with additional guidance around the types of food they could be encouraging the person to eat to prevent under nutrition.

We asked people if care workers had received suitable training to provide their care. We received a range of comments from people. Some told us that care workers who had been employed by the service for a longer period had the necessary knowledge and skills but others who were new to the role did not appear to have the same level of experience. Comments included, "Some [care workers] are very experienced, the new people are not so experienced" and "They are trained, they are very dedicated to the job."

We found that the provider had systems in place for inducting new care workers into the service effectively. New care workers undertook the providers 'Care Worker Induction Programme' which included aspects of the Care Certificate. This meant they had the knowledge and skills required to meet people's needs. The Care Certificate is a set of core standards that health and social care workers adhere to in their daily working life. One new care worker told us "I had a really good induction. Training and shadowing other staff, I could do as much as I wanted."

We spoke to other care workers who told us they understood their role and had received enough training to carry out their role. We were told that they had recently received training in administering medicines, moving and handling and palliative care. Comments from care workers included, "The training is really good with this company", "I've covered so much in training" and "If I ask for training I get it. I asked for stoma care training and got it."

We requested a full copy of the providers training matrix showing all training completed by care workers and when refresher courses were required. We were provided with some training records for medicines competencies, mental health awareness and equality and diversity but not the providers full training records.

Whilst we evidenced that training was taking place we could not evidence that the provider had effective governance systems to monitor and record this.

During the inspection we looked at care workers records and saw that some had not consistently received supervision from their field supervisor. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

Supervisors told us that spot checks, reviews and supervisions were normally undertaken every three months however, due to office supervisors concentrating on stabilising the care packages from Redcar some have not been completed as planned. We were told that care coordinators had undertaken some spot checks and medicines competencies.

Care workers told us that they felt supported by their supervisors, the registered manager, directors and office management team. One care worker told us "I normally get supervision every three to four weeks. My supervisor talks to me about the people I care for and if there have been any changes to their care needs. They also talk about me and any challenges I have had, if I'm enjoying my job and, if there is any support I need." Another said, "The office team are great, I only need to ring up if I have any problems and they support me."

People had access to healthcare services. Plans of care viewed showed joint working with other partners such as the person's GP, district nurses, physiotherapists, community nurses, tissue viability nurses and

continuing health care. The local authority referral provided an overview of the person's medical history and there was a section for information on medical conditions in the person's assessment which was completed.

Requires Improvement

Is the service caring?

Our findings

One relative told us that they had serious concerns regarding the care their relative received. They told us that some of the carer workers were 'not respectful' towards their [relative] and 'could not communicate' with them. This relative told us "They say 'Eh', what are you saying which upsets [relative]." We informed the directors of this concern to who took immediate action in contacting this relative, discussing their concerns and arranging for different care workers to attend.

Another person told us "A couple of [care workers] belittle you, I don't get them anymore, if it happened again I would see the manager."

Care workers told us "The Redcar issues were heart breaking, we worked seven days a week from getting up" and "Things have now settled in the Redcar area, we have a good team who knows everyone and we get consistency with our customers."

We received mixed feedback relating to the care people received. The majority of people told us that they were happy with the care received and they felt that care workers were kind and caring.

People told us "[Care worker] is really kind, she brought me some flowers when I came out of hospital, she takes me shopping in her car and I enjoy doing things like that, she is like a daughter", "I would trust them with my life.They offer me choice and do it properly" and "Excellent, more like friends they know exactly what I want."

People's needs had been assessed with personalised care plans in place. We were told that assessments involved the person, their relatives and other agencies where appropriate. Relatives told us "I feel involved in [relative's] care, but I don't know if they [care workers] are very informed of [relatives] needs", "I've seen the care plan and made some suggestions" and "We had a review a few weeks ago for my [relative], we went through everything."

We asked people if they received a regular team of care workers. All people we spoke with told us that they received regular care workers who knew them well. Comments included "The three [care workers] I have, have been wonderful. I just want my three" and "I get the same [care workers] all the time except during holidays, but they let always let me know. I can't live without them, I'm getting more dependent on them now."

Care Workers had time to sit and talk with people. Relatives told "One of the regular carers always has a chat with [relative]" and "[Care Worker] has a lot of time for [relative]."

Another relative told us care workers were respectful and said, "They treat [relative] with respect, I hear them letting [person's name] know what they are going to do and asking if they are ok" and "They are kind on a day to day basis, they are just natural with [relative] and us."

People's privacy and dignity was maintained when care workers supported them. Comments included, "They [care workers] give me a bath and cover me over with a towel" and "I'm treat with respect."

Relatives told us, "They keep [relatives] dignity. When they do personal care, they let [relative] know what they are doing" and "I'm always in the room next door and can hear them. They [care workers] always ask permission and tell [relative] before doing things."

Care Workers told us how they protected people's privacy and dignity. Comments included "I treat people how I would like my family to be treat" and "I make sure I always ask before I do anything and keep curtains closed and people covered up."

People were involved in decisions about their care. Care workers told us that they followed people's wishes and offered them choice.

The provider had policies for equality and diversity and dignity and respect. The policies included people's right to respect for their religion, sexual orientation, age, gender, disability, race, marriage or civil partnership, pregnancy and progressive illness. We saw records that care workers had received training in equality and diversity.

People were given information about their care and support in a way they could understand. Information was available to people in their home, such as care plans and daily records. People told us that they were involved in their care plans and also included their families.

Requires Improvement

Is the service responsive?

Our findings

The directors informed us that the service completed a pre-admission assessment to make sure they could meet the persons needs before commencing the service. However, we were unable to find any completed pre-admission assessments within the care records we looked at. We spoke to office supervisors and care workers who all had a good understanding of people's current needs to enable them to deliver responsive and safe care.

One person told us, "[Care workers] know me so well, they know when I'm not having a good day and what they need to do to help me."

One care worker told us how they had discussions with their supervisor about 'anyone new coming onto their rota' and the care the person required before they started to support the person.

We found that some care files were disorganised making the finding of current information difficult. The directors informed us that a full audit of files would be taking place promptly along with reviews of people's needs.

We were provided with a record of when care plans reviews were due. We saw that the registered manager had commenced reviews of the people who had transferred over from the Redcar area, however we could see from records that some reviews were out of date. The office team and directors were open with us about this and told us how some reviews were not up to date due to the priorities of stabilising the packages of care from the closure of the Redcar branch. We were provided with evidence to show that these were now being planned.

Relatives told us "I feel involved in [persons] care, but I don't know if care workers are very informed of [person] needs. I have to explain to them which I find strange, surely that's Allied's responsibility, it takes away from my time to go out."

People received care that was tailored to meet their individual needs. Information in care plans was person centred and included people's preferences. Examples included, 'Serve my lunch of choice and a cup of tea or juice' and 'I require pillows to be placed either side of my legs and one pillow at my side.'

We saw information that recorded the persons individual needs, likes and dislikes, life history, communication, mobility, dietary and cultural needs. The assessment recorded the support a person required and how care workers would deliver this care. We saw examples that included, 'I enjoy sitting outside on my front in my electric wheelchair and socialising with my neighbours', 'Please gently wake me up by touching my shoulder and calling my name' and 'I would like to stay as independent as I can with help from Allied carers.'

We found that people's care plans also contained information about the person's choices and preferences, eating and drinking, continence, health, mobility, communication and skin care. There was information

about the person's daily routines, for example, what time they liked to get up, go to bed and what clothing they preferred to wear.

People told us that they had been involved in their care plan reviews. One person said, "There's a review once a year, my file is accurate."

We were also told by people that they had seen their care plan. Comments included "[Care workers] write in it every time they come" and "The file is in the room we can look at it, it's fine."

The provider had a procedure in place to respond to complaints and full records were held on their computer system. People knew how to give feedback about their experiences of the care and support they received, including how to raise a concern. We saw within the care plan file kept in people's home a clear complaints policy and procedure for people to use if they needed to raise a concern.

People told us, "I would complain to Allied straight away if I had any concerns" and "I don't need to complain, but I would tell the care workers who come in if I needed to."

Records we viewed showed that complaints received had been managed correctly and their outcomes had been documented including letters of apology where appropriate.

We saw that records were maintained of compliments received by the service, the most recent was in July 2018 which was a compliment received in relation to the carer workers hard work and dedication. We saw other compliments that stated people's relatives were happy with care they received and, where a care worker had helped in the early diagnosis and treatment of cancer for a person.

At the time of the inspection the service was not providing end of life care for anyone. The directors told us they do provide end of life care and would work together with palliative care teams. When required there was a section within care plans to record people's final wishes

Requires Improvement

Is the service well-led?

Our findings

The registered manager was absent at the time of the inspection. The provider had issued us with a notification of their absence and arranged temporary management support from other branches. However, we found that this support was ineffective in monitoring the quality and safety of the service.

During our inspection we found that audits had not been undertaken following the providers quality monitoring policy and procedures. We saw that where audits had been carried out they had failed to identify the issues we found during our inspection.

Regular checks to review aspects of people's care, including their support with medicines, were not being carried out as planned to help monitor care and identify any safety issues. For example, the provider had not collected and reviewed the person's MAR charts for the previous two months and could not demonstrate that audits had always been completed on time.

Individual risk assessments were not in place when required around people's health conditions or the safety of equipment they used.

People, relatives and care workers told us that they had experienced issues with the service because of the changes made by the provider. One person told us, "You can never get through to the office most mornings." Another person told us, "There was a problem with staff turnover, the old care workers were very experienced, the new people are not so experienced."

People told us they were not always allocated the same care workers and felt that they could not build and maintain relationships with care workers. One relative told us, "There have been lots of issues recently with them [office supervisors] sending different carers. They are not letting me know when a new carer comes and they have never met [relative]. It's not fair on [relative] or the care worker."

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

Care workers meetings had previously been held regularly and we were told that they felt they could 'speak freely' at these meetings and share their suggestions for service improvements. Records showed that over the last six months care workers meetings had not been held on a regular basis. We saw evidence that updates were sent out to care workers via email or letter.

During this inspection it was apparent that people, relatives and care workers had confidence that the provider had started to make improvements which had improved their recent experiences of care. One person told us, "They [service] are getting things sorted now."

One relative told us, "Since the Redcar branch closed and we went over to Middlesbrough, it felt like we were starting over. Some new [care workers] didn't have a clue with my [relative], but they have overcome that

now. It is getting better, they [staff] are getting to grips with it and there's nothing I would change."

We received mixed reviews about the management of the service. One person told us, I met [registered manager], she seems a good manager. She was polite and approachable." Another person told us "I don't know if [the service] is well managed. There's been ups and downs, but think I would recommend them."

People were supported to provide feedback on the quality of the service they received. We saw surveys of the people who used the service and their relatives had taken place however, some had not taken place since March 2018.

We asked care workers if they felt the service was well-led and they told us "I love it! Everyone is so easy to get on with and we get good support from the coordinators", "I'm happy enough, I enjoy my job and get good support from [registered manager]", "We have a good team, we get consistency with the clients", "I love our round, we are not overworked like we used to be. The quality of care is much better" and "We get our rota in advance now, the office is good like that. They keep me in one area." Another care worker told us, "I love working for Allied but things haven't been too good to be honest, the management have tried their best."

The directors told us how, as a company, lessons had been learnt from how the closure of the Redcar branch had been managed.

The office management team told us how difficult it had been during the merger of the two branches and the 'crisis' this had placed on the Middlesbrough branch. All said they felt supported and that things 'had settled down' after most of the Redcar packages had been removed by the local authority.

Supervisors told us that they felt that the current workload was now 'manageable' and they could provide the care people needed. Comments included "It was terrible. I'd not long started as [role title] and I was just going out to do care, having to cover as we had nobody to do it", "Calls just kept coming. It's really quietened down now", "It was horrendous on call at a weekend, now it's quite good" and "We've got a good team in here now. There's enough office supervisors to manage the calls and new care workers come out shadowing with me."

Everyone spoke positively of the registered manager and the support received from the directors during the registered managers absence. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure that care and treatment was provided to service users in a safe way. Reg 12(1) The provider did not have suitable systems in place to assess the risks to the health and safety of service users of receiving care or treatment. Reg 12 (2)(a) The provider did not suitable systems in place to ensure the proper and safe management of medicines Reg 12(2)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided. Quality audits were not being carried out in accordance to the providers own quality assurance standards. Reg 17 (2)(a) The provider did not maintain accurate and contemporaneous records in respect of each service user, including record of care and treatment provided to the service user and decisions taken in relation to the care and treatment provided. Reg 17(2)(c)