Verrolyne Services Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This comprehensive inspection took place on 07 February 2018 and was announced. We last inspected this service on 18 December 2015 and we rated the service as 'Good'. At this inspection, we rated the service 'Requires Improvement'.

Verrolyne Services is based in Romford, Essex. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.

Not everyone using Verrolyne Services receives regulated activity; the 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 our inspection, 19 people were using the service, who received personal care. The provider employed 20 care staff.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, 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 our inspection, we found people did not always receive safe care because scheduled visits from care staff were missed and some people did not receive the required support at the times they expected. This was as a result of staff running late or not knowing the correct schedule.

Specific risks to people were not always fully stipulated in risk assessments to help staff identify and mitigate the risks to ensure the safety of the person and the staff. Some people expressed concern that staff did not use moving and handling equipment safely.

This meant that the provider did not always assess, monitor and mitigate risks associated with the service to ensure people received safe care. The registered manager was committed to developing the service, although further improvements were required with quality assurance systems to ensure people received a safe service.

Complaints about the service were responded to appropriately and within the provider's timescales as set out in their complaints procedures. We have made a recommendation on ensuring more effective communication between the provider and people who use the service because people told us staff did not always understand them.

The provider had sufficient numbers of staff available to provide care and support to people. Staff had been recruited following pre-employment checks such as criminal background checks, to ensure staff were safe

to work with people.

Once recruited, staff received an induction, relevant training and were able to shadow experienced staff in order for them to carry out their roles effectively.

When required, staff prompted people to take their medicines and recorded this in daily logs. Staff had been trained on how to manage medicines safely.

The provider was compliant with the Mental Capacity Act 2005 (MCA) and staff understood the principles of the Act. Staff had received supervision and training in order to provide an effective service.

Staff told us that they received support and guidance from the registered manager and other senior staff. They received regular supervision and could approach the management team with any concerns they had.

People's care and support needs were assessed and reviewed regularly.

The provider worked with health professionals if there were concerns about people's health. People were registered with health care professionals, such as GPs and staff contacted them in emergencies.

People were supported to have their nutritional and hydration requirements met by staff, who provided them with meals and drinks of their choice, when this was requested.

People were listened to by staff and were involved in their care and support planning. They were treated with dignity and respect when personal care was provided to them.

Care plans were person centred. They provided staff with sufficient information about each person's individual preferences and how staff should meet these in order to obtain positive outcomes for each person.

People were able to access information they were able to understand to help keep them informed and safe.

Complaints about the service were responded to appropriately and within the provider's timescales as set out in their complaints procedures. We have made a recommendation on ensuring more effective communication between the provider and people who use the service because some people did not feel staff understood them well.

The provider was in the process of introducing new technologies to help manage and improve the service.

The management team carried out regular monitoring checks on staff providing care in people's homes. This ensured they followed the correct procedures and people received safe care.

Feedback was received from people and relatives to check they were satisfied with the service. The management team ensured lessons were learned following serious incidents.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 had experienced missed calls from care staff, which put their health and care needs at risk.

Risks to people were not always identified to ensure staff were fully aware of them when providing care to people.

A recruitment procedure was in place to employ staff that were safe. Staffing levels were sufficient, although staff did not always fulfil their duties to meet people's needs.

Staff understood how to safeguard people from abuse. They were aware of their responsibilities to report any concerns.

People received their medicines safely when required and staff received training on how to do this.

The provider was able to learn lessons from serious incidents to improve the safety of the service.

Is the service effective?

Good

The service was effective. Staff received up to date training and support through regular supervision meetings.

The requirements of the Mental Capacity Act (MCA) 2005 were followed.

Assessments of people's needs were carried out to ensure effective outcomes for their care. Changes in people's care needs were updated in their care plans.

People had access to health professionals to ensure their health needs were monitored. Staff ensured people had their nutritional requirements met.

Is the service caring?

Good

The service was caring. People and their relatives had involvement in the decisions made about their care.

People were treated with dignity by staff when they received personal care.

Staff were familiar with people's care and support needs.

Is the service responsive?

Good

The service was responsive. People were able to make complaints about the service and they were investigated.

The provider ensured information was accessible to people in a way they could understand it. We have made a recommendation about communicating with people more effectively.

Care plans were person centred and reflected each person's needs and preferences.

Is the service well-led?

Requires Improvement

The service was not always well led. There was a quality assurance system in place, which had identified some of the shortfalls within the service. However, this was not robust as it did not identify the shortfalls we found that may put people at risk of harm.

Staff received support and guidance from the management team.

People and their relatives were provided with opportunities to provide their feedback on the quality of the service.

Verrolyne Services Limited

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 was 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 7 February 2018. This was an announced inspection, which meant the registered provider knew we would be visiting. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager, or someone who could act on their behalf, would be available to support us with our inspection. The inspection team consisted of one inspector and an expert by experience, who made telephone calls to people who used the service. 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 the inspection, we reviewed the information we held about the service and provider. The provider had completed and sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also contacted health and social care commissioners for their feedback on the service.

During the inspection, we spoke with the registered manager, an operations manager, a care coordinator, three care staff and two monitoring officers. We spoke with three people who used the service and eight relatives.

We looked at nine people's care records and other records relating to the management of the service. This included six staff recruitment records, training documents, rotas, accident and incident records, complaints, health and safety information, quality monitoring and medicine records.

Requires Improvement

Is the service safe?

Our findings

During our inspection, we found concerns with the frequency of late and missed care visits to people. Care staff were usually monitored by senior staff, based in the office, who checked that care staff had completed their timesheets. These would be filled in after they had provided care after each visit and the person receiving care had signed it. People were required to be kept informed by senior staff if their carer was running late or were delayed for their visit. Rotas showed the days and times care was to be provided to people. Daily records and call logs confirmed that most staff completed their tasks and calls for the scheduled times. Some people told us care staff did not always stay for the allocated time. One person said, "They're [carers] supposed to be here for 20 minutes, but they only stay for 10 minutes."

Cover arrangements were made when staff were unavailable to provide care to people. For example, if there were staff absences, the operations manager or the registered manager, ensured they found cover staff, or in some cases carried out the visits themselves. The provider had an out of hours on call system in place should people and relatives require assistance in the evenings or at weekends. Staff were able to contact the on-call staff, who were on duty during out of office hours and weekends, in case of an emergency.

However, not all people received care at the assessed and agreed days and times. People experienced missed visits from care staff on six occasions in January 2018 and on seven occasions in December 2017. We saw from incident logs that reasons for the missed visits included, "[Care staff] did not see their rota and did not know they were due to work" and "[Carer] did not have time as she had too many clients and there was heavy snow. [Carer] failed to inform on-call." We also noted some late visits took place in December due to carers taking longer to provide care to a person, which impacted on the next person's visit. The registered manager told us that visits to people were late because people's care packages were taking longer than the assessed times, provided by the local authority, for personal care to be provided. The registered manager said, "We have raised this issue with the council because once we take on a care package, the client needs our care and we can't rush. Carers have to do their work thoroughly."

At our last inspection in December 2015, we found similar issues with late visits and we recommended that the provider ensured that they updated people and their relatives of any changes to schedules, lateness and care staff. At this inspection, people and relatives told us that they were still not always updated. One person said, "Sometimes they do. But weekends are an issue, when carers change without notice." Another person told us, "They run late quite a bit, but they've only rung me twice." A relative said, "Sometimes they contact us, but not always. Last week they missed an afternoon appointment; they didn't bother to contact me." Another relative told us, "They have now started to call when carers are running late. They weren't before." A third relative said, "The carers change all the time, my [family member] needs continuity." Staff told us they had enough time to travel between their visits to people and deliver the support detailed in people's care plans. One staff member said, "I have enough time to travel and I am happy with my rota. Sometimes I can run late but only by about 5 minutes."

Although there was an issue with late visits, the number of missed visits meant that people were at risk of not receiving their care at all. One person said, "They don't arrive on time or sometimes not at all. I do feel

safe with the carers though." A relative said, "They don't always arrive on time. Lateness varies, which means I have to tend to my [family member] because of their condition. It doesn't happen all the time but two weeks ago, we had no carers come." We looked at records for this person, which showed that the carers were very late on one of the days and the relative had informed the office staff that it was too late for them to come. We also found that another person did not receive a service on one day for no valid reason and the provider took disciplinary action against the care staff. These incidents were reported to the local authority by the provider, as is required for them to do so.

The staff on out of hours duty were not made aware of some missed visits because no call was made by the person or the carer. In this instance, the management team were only able to identify if a missed visit had occurred through looking at the daily logs or timesheets the following week and comparing them to the rota. This meant that systems within the service were not operating effectively to prevent the neglect of people through missed and late visits. Although the management team had acknowledged the errors and had taken any necessary action, there was a failure from the provider to ensure people had received or were receiving care at the agreed times. The provider had identified that some care staff had repeatedly missed visits for avoidable reasons such as not seeing an up to date rota. This meant people's care needs were put at risk, as they were left without the required care that they had been assessed for.

Any risks to people who received care and support, were identified during assessments of their needs. These included risks associated with the person's mobility, their home environment, fluid intake and any mobility issues. However, the registered manager had changed their risk assessment templates in the past year and made them briefer. The initial assessment and risk assessment was now in one document and they were written under a section called "My Routine and Risks Carers should be aware of." They did not contain clear and visible information on specific risks to the person and actions that were required to be taken.

For example, one person required assistance with hoisting and transferring. The assessment stated the person had "limited movement in their right arm, difficulties passing urine and osteoarthritis and a hip replacement." Another person's assessment said, "Support me to transfer off the bed and support me with continence care." The assessments did not clearly identify what risks there were when transferring people and with other tasks, the severity of each risk and what actions were required to minimise each risk. The section was focused more on the person's routine rather than specific risks relating to the routine. This meant that current staff or new staff providing the care may not be completely aware of the specific risks, what impact they could have and what action to take to reduce the risks. The provider's previous template contained more details and guidance on identified risks. The registered manager said, "We had to make the assessment shorter because assessments were taking too long to complete and we need to start providing care as soon as possible."

Where a person required assistance getting out of bed or a chair, two staff worked together in order to move the person safely, using equipment such as hoists. Staff checked that care equipment they used was safe so that they could deliver effective care and support and reported any faults. However, some people and relatives told us they were concerned about carers who did not use a hoist correctly or at the correct times. One relative said, "It's in [family member's] care plan to use a hoist but they don't use it all the time; there's a debate amongst them as to when to use it. The care plan says use it for all 4 visits but they're not abiding by the care plan. My [family member] could be in difficulty because some carers won't always use the hoist." Another relative told us, "The carers don't use slide sheets properly." This meant that people's health could be put at risk if their equipment was not being used appropriately, at the correct times.

The above issues are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people we spoke with told us they felt safe. One person told us, "Yes I always feel safe with the carers." A relative of a person told us, "The carers are excellent and my [family member] feels safe." Another relative said, "The carers are kind and have never treated [family member] roughly."

There was a safeguarding procedure in place for staff to follow in order to protect people from abuse. Staff were aware of their responsibilities for safeguarding people and understood how to report any abuse, such as physical, financial or verbal abuse. One member of staff said, "I would report any concerns or abuse to the managers." Staff were aware of the whistleblowing policy, which enabled them to report any concerns they had about their employer to regulatory authorities, such as the police or the Care Quality Commission.

Infection control procedures were in place to help protect staff and people who used the service. Staff told us they used personal protective equipment (PPE) such as hand sanitisers, gloves, shoe covers and aprons, to prevent the risk of infections spreading when they provided personal care. Staff were able to collect PPE from the office when needed.

The manager and staff were aware of what actions to take in the event of accidents or incidents occurring. We saw records of serious incidents that had taken place. The provider was committed to learning from incidents to ensure that there was continuous improvement and people using the service remained safe. For example, following one incident when a carer hurt themselves while supporting a person, the person's care needs and the staff's training needs were reviewed and assessed.

There were safe recruitment procedures in place. For new staff that had been recruited since our last inspection in December 2015, the provider carried out the necessary criminal checks to find out if the person had any convictions or were barred from working with people who use care services. We saw that new staff completed application forms and provided two references. Evidence that the applicant was legally entitled to work in the United Kingdom was also obtained. Applicants were required to list their previous experience where applicable and their employment history. The registered manager told us they were looking to recruit more senior staff to fill vacant roles, such as a care manager and field care supervisors, who would monitor care staff.

At the time of our inspection, the operations manager and two student placement staff visited people's homes to ensure staff were following safe and correct procedures when delivering care. We saw monitoring and spot check records, which are observations of staff to check that they were following safe and correct procedures when delivering care. Records showed that staff carried out safe care and were provided guidance on where they required further improvement.

A medicine policy and procedure was in place for staff to administer medicines safely when required. Care plans contained information on whether people themselves, their relatives or the carers were responsible for administering their medicines. Staff were required to prompt people to take their medicines from blister packs, which were supplied to people by their pharmacist or hospital. We saw that staff logged that the person had taken their medicine in the daily records within the person's care plan. For medicines that were not stored in a blister pack, staff recorded that these medicines were administered on Medicine Administration Record sheets (MARS), which contained details of people's medicines and their personal details. We saw that MAR sheets were only used where the person's GP had authorised that care staff were permitted to do so and with the consent of the person. People and relatives told us staff assisted them with their medicines safely.

Staff who were required to prompt or administer medicines to people told us they were confident with managing medicines. Their competency was assessed and they had received training on how to administer

and record medicines. One member of staff said, "Yes I can prompt my client to take their medication from their blister pack and I record it always."

Good

Is the service effective?

Our findings

People and relatives told us staff met their individual needs and that they were satisfied with the quality of care they received. One person said, "The [carers] are well trained and they help each other." Another person told us, "Yes, well trained. My carer knows exactly what she's doing." Although one relative said, "I don't think the training is that great. They don't know how to use certain equipment."

However, we saw that staff had received training to enable them to provide safe and effective care. Topics included privacy and dignity, communication, safeguarding adults, end of life care, moving and handling and enteral feeding. There was an induction programme in place for new staff, which provided them with the necessary training. New staff were able to shadow experienced staff for up to 15 working hours or more to help them settle into their role, providing personal care to people. We saw records of shadowing that had taken place for new staff to assess whether they were ready to start working on their own. A training schedule showed that staff had received recent training or were due to receive refresher training, which helped keep their knowledge and skills up to date and in line with current legislation. We noted that one member of staff's training required updating in all areas and the operations manager told us this would be provided to them.

Staff told us they were supported by senior staff and the training helped them to perform their roles. One member of staff said, "Yes the training is very good. Yes, I had an induction before I started work, including shadowing." Care Certificate standards were incorporated into the training. The Care Certificate is a set of 15 standards and assessments for health and social support workers who are required to complete the modules in their own time. Staff that completed the standards or a diploma, received a certificate to show they had a qualification in health and social care. The operations manager said, "We use an accredited training programme that is the equivalent of NVQ level 2 and 3."

Supervision meetings, where staff have the opportunity to formally discuss any issues or concerns with the service manager, are a requirement for providers of health and social care. Records confirmed that supervision meetings took place every two to three months. Topics included their current workloads, training requirements and the support needs of people they cared for. Staff were able to highlight and discuss any issues with their supervisor. Most staff had been working for the provider for less than a year but those that had been working for more than a year, had an annual appraisal scheduled to discuss their overall performance. One staff member said, "I receive regular supervision and guidance."

We looked at the provider's policy on the Mental Capacity Act 2005. The 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 that the provider was working within the principles of the MCA. We found that capacity or best interest assessments for people were completed and their consent to care was sought. Care plans indicated where people required support to make their own decisions. We found that staff were trained on the MCA and understood its principles.

The provider received referrals from the local authority who referred people that required assistance with personal care at home. We saw assessments of people that required support, which set out the needs of the person. Discussions were held with other health or social care professionals for further information. Referrals were also received for people who wished to purchase their care privately.

Each person had a copy of their care plan in their home, which contained details of what support people wanted for each part of the day, such as in the morning and in the evening. People's needs were assessed by the provider before the person started to use the service. The provider produced their own care plan based on the outcomes the person wished to achieve and ensured they were in line with recognised health and social care guidelines. One person's outcome was "to receive full support and assistance when required so that I can live my life safely with my family." Staff completed logs in people's care plans. We looked at daily logs and found that they contained details about the care that had been provided to each person and highlighted any issues. This helped to staff monitor people's wellbeing, share important information and respond to any concerns.

People were supported to have their nutrition and hydration requirements met by staff and told us that staff provided them with food and drink, when they requested it. One person said, "They heat up my meals which are already cooked." Care plans stipulated if staff were to support people with meals or if the person's relatives were responsible for this. One relative said, "I do all [family member's] cooking, but the carers will warm food up." People that required support with their fluid intake because they were on a PEG (Percutaneous endoscopic gastrostomy) feed were assisted by care staff. A PEG feed is a tube that is passed into a person's stomach when they are required to intake food and fluids. Records showed their daily intake was logged and they were supported to maintain their nutrition and hydration.

People's care was planned and delivered to maintain their health. Records confirmed that people's relatives and their GP were informed of any concerns raised about people's wellbeing or health. A relative told us, "We've only had one instance of going to hospital; the carers got [family member] dressed." Another relative said, "Yes the current carers will call a doctor for pain relief for [family member]." Staff were aware of how to respond to any concerns they had about a person's health. A member of staff said, "If a client is ill or has had an accident, I will call an ambulance or call the 111 number. I make sure I stay with my client at all times until help comes."

Good

Is the service caring?

Our findings

Most people and relatives told us that care staff treated them with respect and kindness. One person said, "Yes they are kind, respectful and gentle." Another person told us, "Yes they're kind" although one person said, "There is one carer who is particularly good but a couple have no idea at all." A relative told us, "They treat [family member] with care and dignity. They're very gentle when using the hoist." Another relative said, "The current carers are kind and loving."

Staff told us they had a good understanding of all people's care needs and personal preferences. People and their relatives confirmed they usually had the same staff providing care. This helped with continuity of care and enabled people to have a positive relationship with care staff. Some relatives expressed concern that they were not familiar with all care staff who visited their family members and one relative said, "Some carers are very gentle; it's difficult as it's different staff each time; some just want to get in and out quick."

However most people and relatives told us they felt comfortable with staff who visited them regularly. One person said, "The carers introduce themselves when they come and they know what my health issues are." A relative told us, "What they do is brilliant; they're courteous and polite." A member of staff said, "I know my clients well and we get along fine." People's care plans identified their specific needs and how they were met. They required assistance from staff for most of their needs, although care plans showed they were supported to remain as independent as possible by staff.

Staff had an understanding of how to treat people equally, irrespective of their race, sexuality, age or gender. Staff we spoke with told us they had received equality and diversity training and were respectful of people's personal preferences and their religious beliefs. A relative told us, "We asked for a female carer because we had a male carer once. They changed them for us."

People's privacy and their homes were respected by staff. Staff told us they entered people's homes by ringing the doorbell or using a 'keysafe', before announcing themselves and greeting the person or their relatives. A 'keysafe' requires a passcode for entry into a person's home and care staff were given permission to access the code and enter at the required times. One person said, "Yes they let themselves in with the keysafe."

People and relatives told us staff were friendly and helpful and treated them with dignity. One member of staff told us, "When giving personal care, I make sure I knock on their door and close the door so no one can see." One person said, "They always respect my privacy." A relative told us, "Yes they are respectful of privacy. I can't fault the carers."

People and their relatives were involved in making decisions about the person's care plan. They signed the plans to evidence that the contents of the care plan was discussed and agreed with them. Comments from people and relatives included, "Yes seen the care plan and we're involved when it is reviewed"; "I've been involved in the care plan and we've had reviews because of problems with carers" and "Yes, I know what it says and they consult me if there are changes."

Good

Is the service responsive?

Our findings

People and relatives told us the service was responsive to their needs and they were satisfied with the level of care they received. One person said, "They are nice, no complaints." Another person told us, "The staff are brilliant and sort things out." A relative said, "The office staff do come and visit us. We have got someone coming in tomorrow to review hoist usage." Another comment from a relative was, "Someone has come from the office and I said I had no complaints; they're doing their best."

Where people were unhappy with the service, they told us they would contact the office or make a complaint. One person said, "I would ring the office if I wasn't happy with the service." However a relative told us, "I call the office but I don't get satisfactory answers from them." A complaints procedure was in place. People were aware of the complaints process and knew how to complain. We saw that after a formal complaint was received, it was investigated by senior staff or the registered manager and a response was written, informing the complainant of the outcome of an investigation.

We spoke with the registered manager about how people could receive information in a way that they could understand. We saw a 'service user guide' that contained easy to read information on what the service could provide and how to contact the provider. People's communication needs were identified and recorded in people's care plans with guidance on how to meet those needs.

Staff we spoke with told us they were able to communicate well with people and their relatives. However some people were unhappy with the level of communication from office staff and care staff. One person we spoke with expressed frustration with the communication skills of staff and said, "There's a language barrier; some carers speak very broken English and we have trouble understanding each other. I'm very sick and I should be able to understand the carers and vice versa; it's very frustrating." A relative also told us, "You feel that they're not listening to you; there's also a language barrier, they often don't understand what I'm saying."

We recommend that the provider seeks best practice guidance on ensuring more effective communication between staff and people is established within the service.

People confirmed that they had a care plan. Care plans were personalised in a document. It contained their likes and dislikes and some details about their preferred daily routines. For example, one person's care plan said, "I enjoy going for a walk in the park, listening to music or listening to poetry on the radio." This information helped people receive a personalised service and staff responded to people's requests and needs. Care plans were reviewed monthly and updated to reflect people's changing needs when they occurred.

The service had previously supported with palliative care, which meant they had a terminal illness and were reaching the end of their life. Staff had received training on end of life care. Support was received from health professionals, such as nurses and local hospices, who provided advice to staff on managing people's end of life care sensitively and in accordance with their wishes. At the time of our inspection, the provider

was not supporting people with palliative care.

The management team contacted people who used the service to check that they were happy with the level of care. This ensured that care was being delivered and people were satisfied with the service and their care worker. We saw records of assessments and observations of staff that provided personal care to check that they were following correct procedures.

Requires Improvement

Is the service well-led?

Our findings

During our inspection, we found that the provider did not ensure there was an effective system in place to assess, monitor and mitigate the risks to the health and safety of people. The lack of quality assurance, to check if people had received or were receiving care at the correct times, meant that missed visits to people were not picked up by the management team. This could have a negative impact on people's health and put them at risk. The registered manager explained to us why these incidents happened and said that a system was now in place to reduce repeated numbers of missed calls. The registered manager said, "Some of the issues we have had are out of our control but we will be using a new call monitoring system to reduce missed calls and lateness." However, the provider had failed to ensure that care provided to people was monitored effectively given the high frequency of missed visits in the past few months. There were also still on-going issues with the delivery of care, despite the recommendations we made at the last inspection in relation to minimising disruptions to the service.

People and relatives mostly had concerns about the organisation of care staff which resulted in lateness or missed calls and failures from office staff to contact them. Comments from people and relatives included, "They don't have enough carers, they work extremely long hours" and "The carers look tired, I feel sorry for them." Another relative told us, "They need to improve. The carers are good but the office is an issue." Staff we spoke with did not express concerns about their workload and one senior carer said, "We support each other and are honest with each other. If we make mistakes, we have to learn from them and lead by example."

Risk assessments for people had been modified and shortened, which meant risks were not always clearly identified in people's care plans, to show the severity of each risk and what actions were required to reduce the risks. People and relatives told us care staff did not always use equipment safely which also put people at risk of injury.

There were quality assurance systems to monitor and improve the quality of the service. We saw that spot checks of care staff took place and regular telephone calls to people were made by office staff to ensure they were satisfied with their care worker. An internal audit was carried out by the operations manager in February 2018, which looked at recruitment processes, staff supervision, training and care plans. The provider was in the process of introducing new technology to the service, including an online system which showed the schedules for each care staff, the times they were required to provide care to each person and the times they arrived. The registered manager told us, "This would help us flag up late calls and missed calls immediately because we would be able to see if a call has been attended." The operations manager said, "Missed calls will be minimised. Active monitoring will be taking place 24/7 of all calls." The registered manager had recruited additional customer service staff to help escalate any concerns or incidents more quickly, which operated on rota basis 24 hours a day. They registered manager said, "This has helped ease the pressure on office staff, especially for emergencies. We have learnt that we work better when we feel less stress and over worked and we make less mistakes."

Although the provider was able to identify issues and concerns within the service that required further

action, the existing internal systems needed to be more robust. This would ensure all concerns found during our inspection would be identified and actions would be taken promptly to ensure people received their required care and were safe at all times.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us they were generally happy with the way the service delivered care to them. One person told us, "They're really good and listen and go out of their way to accommodate; I couldn't ask for any better really; 10/10." A relative said, "I couldn't criticise it; if I've had an issue it's been very minor. They do the best job they can."

The registered manager was supported by an operations manager and other senior staff. The provider had recently recruited two student placement officers, who undertook checks and phone calls to gain people's views about their care and support. Staff told us the management team and office staff were approachable and helpful. They were confident they could approach the managers with any concerns. One member of staff said, "[Registered manager] is very nice and supportive. We all work well together." We contacted local commissioners for their feedback on the quality of the service and they told us that the service was managed well, although they had some concerns about the reliability of the service.

Staff attended team meetings, where the management team discussed any concerns and the particular needs of people who used the service. There were general discussions in meetings to share information. Topics that were discussed included staff time keeping, professional conduct, complaints and record keeping. Some people told us that care staff did not always wear their uniform and we saw from spot check and observation records that staff were reminded to wear their uniform and identification badge at all times, when on duty.

The registered manager notified us of serious incidents that took place in the service, which providers registered with the CQC must do by law. People's personal information and care plans were filed securely in the office, which showed that the provider recognised the importance of people's personal details being protected. Staff said they were aware of confidentiality and not sharing people's personal information. They adhered to the provider's data protection policies.

Daily records contained information on personal care tasks that were carried out and helped staff to follow up on any concerns and report on the wellbeing of each person. The records were brought back to the office and checked by senior staff to ensure they were being completed appropriately. We saw from a recent audit that care staff were required to "write more detailed entries in clients' folders." We looked at records of staff practice and competency when carrying out personal care and saw that they were completed by the monitoring officers.

People and relatives completed questionnaires and feedback forms, which helped to ensure people were satisfied with the care and support that was delivered. We noted that feedback from people was mixed and ranged from them rating the service 'poor', 'good' or 'very good.' Comments were generally positive, however we noted many comments regarding care staff consistently arriving late or changing. Other comments included, "Carers need to be more consistent" and "Carers are not turning up on time." Another person had written, "Keeping my care worker is important. [Registered manager] is excellent in all aspects supporting my specific needs." We saw that feedback from people was analysed in order to try and make further improvements to the service.

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 Care and treatment was not provided in a safe way because people did not always receive care at the agreed and assessed times, which put their health at risk. Risk assessments were not consistent and did not contain comprehensive information to mitigate risks. Regulation 12(2)a,b,e

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was failing to take proper steps to ensure an effective system was in place to assess, monitor and mitigate the risks to the health and safety of people to improve the quality and safety of the services provided. Regulation 17(1)(2)(a)(b)