Direct Carers Ltd

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Inspection report

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30 January 2017

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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 inspection took place on 12 January 2017, 16 January 2017 and 30 January 2017 and the first inspection day was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the agency office who could assist us with the inspection.

The service is a domiciliary care agency that is registered to provide the regulated activity personal care. This includes support with activities such as washing and dressing, the provision of meals and the administration of medication for people living in their own home. On the day of the inspection 127 people were receiving assistance with personal care. The agency office is situated in Beverley, in the East Riding of Yorkshire, and there is parking available for people who wish to visit the office by car.

The registered provider is required to have a registered manager in post and on the day of the inspection the manager was not registered with the Care Quality Commission (CQC). However, they had submitted an application to become registered as the manager and had an interview with the Commission the day before this inspection. We were later informed that their application to be registered as the manager was successful. 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.

We found that the agency had not followed their own policies and procedures when recruiting new staff and that this could have resulted in people receiving care from staff who were not suitable to work with vulnerable people.

This was a breach of Regulation 19 (1)(a)(b)(2) of the Health and Social Care Act (Regulated Activities) Regulations 2014: Fit and proper persons employed.

Some concerns were expressed about the management of the service. People were concerned about the consistency of the service in that they did not always know who would be visiting them, and they did not always receive their agreed time because staff were not allowed travelling time between calls. Care records were inconsistent and this could have led to people not receiving appropriate care. Quality audits had not identified some of the shortfalls we found during the inspection.

This was a breach of Regulation 17 (1)(2)(a)(c) of the Health and Social Care Act (Regulated Activities) Regulations 2014: Good governance.

We saw there were sufficient numbers of staff employed to meet people's individual needs, although we felt that staff deployment needed to be reconsidered so that people received their agreed package of care.

We found that people were protected from the risk of harm or abuse because the registered provider had effective systems in place to manage any safeguarding issues. Staff received training on safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm.

People expressed satisfaction with the support they received with the administration of medication. However, we found some omissions in recording that meant it was not clear whether people had received their prescribed medication.

Staff confirmed they received induction training when they were new in post and told us that they were happy with the training provided for them. The training records showed that staff had completed induction training and the training that was considered to be essential by the agency, although some refresher training was overdue.

The feedback we received confirmed that people had positive relationships with care workers and it was apparent that care workers genuinely cared about the people they supported.

There was a record of any accidents or incidents involving people who received a service from the agency although the analysis of these records had only just commenced. It was anticipated that this would enable the registered provider to monitor whether any patterns were emerging or if any improvements to staff practice were required.

There was a complaints policy and procedure and this had been made available to people who received a service and their relatives. Some people told us they were satisfied with how their complaint had been responded to.

There were systems in place to seek feedback from people who received a service and we saw that most of this feedback was positive. There were minimal systems in place to request feedback from staff.

We found the registered provider was in breach of two of our regulations under 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

Some aspects of the service were not safe.

Staff were not recruited following the agency's policies and procedures and this could have resulted in people who were not suitable to work with vulnerable people being employed.

There were sufficient numbers of care workers employed that ensured people received the service that had been agreed with them. However, the deployment of staff needed to be reconsidered.

Staff received training on safeguarding adults from abuse and understood their responsibility to report any incidents of abuse to the relevant people.

Any identified risks were recorded and managed with the aim of minimising or eliminating the risk.

Is the service effective?

Good

The service was effective.

The registered manager and staff understood their responsibilities in respect of the Mental Capacity Act 2005 (MCA).

Staff had received training that provided them with the skills and knowledge to carry out their role. New staff had completed the Care Certificate.

People were happy with the assistance they received with meal preparation.

Is the service caring?

Good

The service was caring.

The feedback we received showed that care workers cared about the people they were supporting.

People's individual care and support needs were understood by care workers, and people were encouraged to be as independent

as possible.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good

The service was responsive to people's needs.

People's care plans recorded information about their individual care needs, although some records were not reflective of the person's current care needs.

People were invited to comment on the care and support they received and the responses we saw were mainly positive.

There was a complaints procedure in place and people told us they knew who to speak with if they had a concern or a complaint.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

Not everyone felt the service was well managed. Concerns were raised about the lack of consistency and about people not receiving their agreed service.

There was a manager in post who had applied to be registered with the Care Quality Commission.

Quality audits had not taken place to monitor that staff were following the homes policies, procedures and practices.

Direct Carers Ltd

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 registered 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 site visit to the agency office took place on 12 January 2017 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the agency office who could assist us with the inspection. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses / has used this type of service. The expert by experience made telephone calls to people who used the service on 16 January 2017 and an inspector visited people who lived in their own home on 30 January 2017.

Before this inspection we reviewed the information we held about the agency, such as information we had received from the local authority who commissioned a service from the registered provider and feedback from people who used the service.

The registered provider was asked to submit a provider information return (PIR) before this inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was submitted within the required timescale.

On the day of the inspection we spoke with the registered provider, the registered manager and agency office staff. We also spent time looking at records, which included the care records for seven people who used the service, the recruitment records for five care workers and other records relating to the management of the service, including quality assurance, staff training, health and safety and medication. Following the inspection we spoke with eleven people who used the service, three relatives of people who used the service and seven members of staff. We also visited four people in their own home.

Requires Improvement

Is the service safe?

Our findings

We looked at the recruitment records for five members of staff. These records evidenced that an application form had been completed, references had been requested and checks had been made with the Disclosure and Barring Service (DBS). The DBS 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 helps to prevent unsuitable people from working with children and vulnerable adults.

We found some concerns with recruitment records. One new employee had a recorded start date of 19 November 2016 yet time sheets held in the agency office indicated that they commenced work on 2 November 2016 prior to their DBS check being received. One new employee had previously worked at two care services; a reference was obtained from one of these but a character reference was accepted instead of a second reference from a former employer. In addition to this, there were gaps in this person's employment record and there was no evidence that these had been explored. One person's reference from a former employer contained information of concern. This had not been explored at the time by agency office staff. We noted that some documents used as part of the employment process were not dated. It was acknowledged that the registered provider had taken steps to ensure recruitment going forward was safe. However, on the day of the inspection there were people employed at the agency who had not been recruited safely.

Two people told us that care workers did not always wear their uniform and one person told us that they had been supported by people who did not carry the company ID badge. In addition to this, one person's weekly rota recorded they would be receiving a service from 'Joe Bloggs'. This meant there was a risk of people receiving a service from people who were not actually employed by Direct Carers Ltd.

This is a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014: Fit and proper persons employed.

There were enough staff employed to ensure people received the correct level of support. The registered provider told us they had recently recruited three 'bank' staff so they had care workers to call on during periods of staff absence. These three members of staff were undertaking induction training at the time of this inspection.

However, we found that the deployment of staff may need to be considered. One person told us they had been assessed as requiring the support of two people and there were regular occasions when only one member of staff arrived to assist them. We saw evidence of this during the inspection. Another person told us they had seen staff rotas and they often recorded that care workers needed to be with two different people at the same time. A care worker told us they had been working for six hours without a break on the day we spoke with them. Another care worker told us they had long gaps between their visits, so this meant they worked very long days.

We recommend that the registered provider reconsiders the deployment of staff so that people receive

assistance from two staff if this is what their care needs assessment states, and that staff do not work excessive hours.

People told us they felt safe when care workers were in their home. Comments included, "Yes, I do [feel safe]. When I have a shower they come with me as I am unsteady on my legs", "New staff have my key safe number" and "Yes, they are certainly safe." This was supported by the relatives who we spoke with.

We checked the care plans for people who received a service from the agency and saw they contained a risk assessment that recorded any identified risks to the person's environment and how these could be minimised to protect the person concerned and any staff who visited their home. In addition to this, there were risk assessments that were specific to the person whilst they were in receipt of support, such as their mobility and the administration of medication.

We looked at the folder where information on safeguarding adults from abuse was stored. This included a copy of the agency's policies and procedures and information about the local arrangements for reporting concerns to the safeguarding adult's team.

The registered manager told us care workers completed training on safeguarding adults from abuse, and the staff who we spoke with confirmed this. The agency's in–house trainer was due to attend a training course at 'train the trainer' level on the topic of safeguarding adults from abuse. This meant they would be able to provide this training during a care worker's induction period. The care workers who we spoke with were able to describe different types of abuse and were clear about the action they would take if they had any concerns. They told us that they would report any concerns to the registered manager, and were certain the information would be shared with the relevant professionals, in accordance with the agency's policies and procedures. One member of staff told us they had become aware of an incident; they had reported this to the office and it had been dealt with professionally.

We saw that, when people received support with shopping, staff obtained receipts and completed a financial form to record this transaction. This protected people from the risk of financial abuse.

One care worker told us they would use the agency's whistle blowing policy if needed and they were confident that this information would be handled confidentially. Whistle blowing is when a staff member reports to a more senior person that they have concerns about the practice of staff or the service they work for.

The registered manager told us that there had been no accidents or incidents involving staff. They told us, if a person who received a service had an accident, a 'task note' would be added to the rota system and care coordinators would inform their team of care workers, and that the information would also be included in the rota book. This system required improvement as it did not allow for accidents and incidents to be analysed so that any patterns that were emerging could be identified or that any improvements needed to practice could be actioned. The registered manager told us they had identified this and were in the process of introducing a monitoring system.

There was a business continuity plan that recorded how staff should deal with emergency situations such as loss of IT equipment, loss of utilities, a flu pandemic and severe weather conditions, as well as the level of risk involved in each of these scenarios. This provided staff with advice on how to manage unexpected or emergency situations.

The staff who we spoke with confirmed they had received training on the administration of medication as

part of their induction training. People were happy with the support they received with the administration of medication. Comments included, "They help with my medication. It is definitely done safely. I am quite happy", "Yes, it's excellent. It's done absolutely perfectly. It's all recorded on a special form" and "My medication is done safely. I have no complaints. They [care workers] also put cream on my legs and I have no complaints about that either." We checked a selection of medication administration records (MARs) that had been returned to the agency office. We noted that one person's care plan recorded creams should be recorded as per the MAR. However, the MAR indicated that the person was no longer prescribed creams. In addition to this, we checked a sample of MARs when we visited people in their own home. We noted that one person was prescribed medication, including eye drops, twice daily. However, on several occasions they had been assisted with administration only once a day. This meant that one person had not received their medication as prescribed by their GP.

The registered provider acknowledged that improvements were needed and told us that medication audits had been introduced in December 2016. They said that MARs were returned to the office and were checked by care coordinators or senior care workers. Any errors were recorded on an audit sheet that also recorded the corrective action that was required. We noted that emails had been sent to staff who had made errors advising them of the improvements that were needed and asking if they required refresher training. The registered provider told us that these records would be evaluated so that any trends could be identified.

Good

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 MCA 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. For people living in their own home, this would be authorised via an application to the Court of Protection. We checked whether the service was working within the principles of the MCA and found that people using the service did not have any restrictions in place at the time of this inspection and that no applications had been made to the Court of Protection. The agency did not provide in-house training on the MCA but staff were able to access the training provided by the local authority.

People's care plans included information regarding whether they had the capacity to make decisions about their care and support. Staff described to us how they helped people to make decisions. One care worker said, "I give options and let them choose. I remind them of things they like" and another told us, "If they have been diagnosed with dementia they respond to different methods. Some respond to pictures so I would try to assess what stage they were at."

Care plans recorded whether the person had the capacity to consent to their care plan. They included a form that recorded the person's consent to receiving 'examinations and treatment'. We discussed with the registered provider how it would be more appropriate for these forms to record 'support or assistance with personal care' as the agency did not provide nursing care.

New staff completed a thorough induction training programme. This included the topics of working in a person-centred way, health and safety, safeguarding adults from abuse, moving and handling, medication and basic life support. This training had led to the completion of the Care Certificate. The Care Certificate was introduced by Skills for Care, and is a nationally recognised set of standards and training that staff new to working in care are expected to work towards. Care workers confirmed they received induction training when they were new in post. One care worker said, "I had training before I worked on my own, including moving and handling and medication."

The registered manager told us that new care workers shadowed experienced care workers as part of their induction process. However, this was not evident in some staff records. The registered manager explained that forms to record shadowing were introduced in October or November 2016. Although we saw that two people who were employed after this time had a shadowing record in place, the records for two new employees who had commenced work in November 2016 did not include this information. One care worker who we spoke with told us they had shadowed an experienced care worker. People who used the service and relatives told us that it was rare for new care workers to shadow experienced care workers. One person

said, "I have to show the new carers what to do" and another told us, "I had a carer who had not been before; they just turned up. But they knew what to do." However, one person told us, "New staff double up so the experienced one can show the new one what to do."

We recommend that the registered provider ensures all staff undertake shadowing as part of their induction training, and that this is clearly recorded.

We saw the agency's training record. This recorded that staff had completed training in safeguarding adults from abuse, MCA, basic life support, moving and handling, medication, pressure area care, catheter and stoma care, end of life care and dementia awareness. The training considered to be essential by the agency (safeguarding, MCA, moving and handling, basic life support and medication) included the date that the care worker had completed the training and the date refresher training was due. The training record also showed when staff had completed the Care Certificate and a National Vocational Qualification (NVQ). The Qualifications and Credit Framework (QCF) award has replaced the NVQ award and is the national occupational standard for people who work in adult social care.

The agency's in-house trainer told us the agency used an on-line training company to provide some staff training and that they provided some face to face training in the agency's training room. We saw that one long-term staff member's refresher training was overdue for the topics of moving and handling, medication and first aid. The registered manager assured us that this training was booked.

We asked people if they thought staff had the skills they required to carry out their roles. A relative said, "The carer who comes has a great deal of experience. They and my relative get on very well with each other. I have learnt a lot from them." Comments from people who used the service included, "Our carer is excellent", "I am quite happy with them" and "Some carers who come are not just good, they are excellent." However, one person told us, "They are just young girls. They are still learning but they do their best. They are good company whilst they are here." Another person told us that some staff had experience of catheter care but others did not. They added, "I look to see who is on the rota and wait until there is a carer who knows what to do and I ask them [to assist me]. I sleep better when it's a regular carer coming the next morning." We saw that seven of the 58 staff recorded on the agency's training record had completed training on catheter and stoma care. The registered person may need to consider providing further staff training on this topic.

Staff had been issued with a job description, a staff handbook and a 'codes of practice' handbook that contained information about their employment and the standards that they were expected to adhere to. Staff also received copies of various policies, including the policy on confidentiality and the use of social media.

One care worker told us they had supervision meetings every three months although the other care workers we spoke with told us they did not currently have formal supervision meetings with their line manager. We saw in staff records that one care worker had last had an appraisal in September 2014 and a supervision meeting in June 2015. This was acknowledged by the registered provider as an area that required improvement. Despite this, most care workers told us they felt well supported by their line manager. One care worker said, "We can ask other care workers for advice – they are very helpful. We use our seniors a lot – they are very supportive. It's now so much better under the new management team." Comments from other care workers included, "If I had a problem I would be straight on the phone" and "I've had good support and have met with my care coordinator." However, another care worker told us they had 'mixed feelings' about their level of support. They said, "It depends who you speak to, although it has settled down a bit."

The registered provider told us that care coordinators and senior care workers were responsible for

supervising care workers. This included medication competency checks, unannounced observations (spot checks) and quarterly performance reviews. The registered provider told us that, if any concerns had been identified during these checks, a supervision meeting would have been arranged. The registered manager provided us with copies of documents they were implementing that would ensure staff received appropriate on-going or periodic supervision in their role to make sure their competence was maintained. These documents included copies of a shadowing check register, a medication competency check register, a six-week review register, a quarterly review register, an informal appraisal register, a spot check register and a formal appraisal register. These had only recently been introduced and none had been completed at the time of this inspection.

Ten people who we spoke with received assistance with meal preparation, and they all expressed satisfaction with the service they received. Comments included, "They make me breakfast and dinner. It is hot and it's done properly", "They [the care workers] would make a full meal for me. Something which we have bought when they take me shopping. It's all fine" and "[Name of care worker] gets meals out of the freezer for me and often makes me a sandwich or a salad. I'm very satisfied." However, one person commented, "But not all carers can cook."

Most care workers told us they assisted people with the provision of meals. The training record did not include any evidence of training on food hygiene or nutrition. Two members of staff told us they had completed training on food hygiene but no-one told us they had undertaken training on nutrition, although one care worker said they had completed training on both topics at a previous workplace. However, this was not raised as an issue by the people we spoke with.

Care plans recorded information about people's general health and any medical conditions that had been diagnosed. Staff told us they would ring the agency office if they had concerns about a person's general well-being and either a care coordinator or senior care worker would then ring the person's GP.

Good

Is the service caring?

Our findings

People told us they felt staff genuinely cared about them. Comments included, "It is nice that the service is available. The carers are all lovely", "They are very good – I am quite happy. No complaints with them – they are like friends" and "[Name of care worker] is very good – they go 'over and above'." Relatives supported this view. One relative told us, "The carers are superb. I am very happy with them." Care workers told us they felt most staff who worked for the agency cared about people who received a service. One care worker said, "The staff I have worked with do [care]. The care logs I read indicate that staff care, and the service users I see tell me everything is OK." Another care worker told us, "Care workers all get along with the clients. Some go 'over and above'.

We asked staff how they ensured they protected people's privacy and dignity whilst assisting them with personal care. They told us they would make sure doors were locked, curtains were closed and that people were covered to protect their dignity. One care worker added, "I would carry out this support discreetly and quickly." People who received a service confirmed that staff respected their privacy and dignity. One person told us, "I've had a shower this morning. They make me feel very comfortable." One person told us they had been asked if they would prefer to receive assistance from a male or a female care worker. We did not see any other evidence to indicate that people had been asked this question, although no-one raised this as an issue.

People's relatives told us that care workers respected people's privacy and dignity. One relative said, "Definitely. I trust the carer - I am very happy with the care. If I go out I have every confidence [Name of relative] is treated well by the carer."

Although staff had access to the agency's policy on confidentiality, one care worker told us that they felt other care workers did not understand these principles. They said, "Service users know too much. They tell me which staff are leaving." A person who used the service told us that one of the care workers constantly talked about their family. They said, 'I'm not interested – I don't want to know all of their problems." We fed this back to the registered manager following the inspection and they assured us this would be addressed with staff.

Most people told us they usually received a service from the same group of staff, and that this had recently improved. One person said, "It's not too bad. I've been having the same ones for some time. It makes such a difference having the carers I know" and another told us, "They are very caring. I get regular ones [care workers]." A relative told us, "Things have improved - since Christmas we have had a regular carer. We have one regular twice a day and another carer in between." However, one person said, "They swap and change. You just get used to one person and they send another one."

Care workers told us they encouraged people and prompted them to be as independent as possible. One care worker told us, "Once I have checked the details in the care plan, I would encourage people to do what they can. Sometimes I offer an incentive. For example, I say 'why you don't you do that [an activity] whilst I make you a coffee'."

The care records we saw indicated there were people using the service with particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race, religion and sexual orientation. We saw that those diverse needs were adequately provided for by the service. The registered manager and care workers displayed empathy in respect of people's needs. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

The agency's statement of purpose included details about advocacy. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them. None of the people currently using the service required the assistance of an advocate.

The service user handbook contained information about the complaints procedure, as well as confidentiality, equal opportunities, risk taking and risk management, safeguarding, the philosophy of care, privacy / confidentiality, the principles and values of the service and personal choice, as well as the contact details for the agency both within and outside of office hours. This ensured people had been provided with information about the agency and the service they could expect to receive.

The agency had previously produced a newsletter for people who received a service but this had been discontinued. The registered provider told us they planned to re-introduce a newsletter and they forwarded a copy of the January 2017 newsletter to us following the inspection. This included information about the newly registered manager, other new office staff, a survey that was due to be distributed and about dignity champions. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right. We saw the newsletter would help to keep people informed about changes at the agency as well as new initiatives.

Good

Is the service responsive?

Our findings

We reviewed the care records for seven people who received a service from the agency. We saw they included an assessment of the person's care and support needs, such as personal care, general health, mental capacity, continence, dressing, diet and medication. Care plans also included details of a person's medical condition and details of other people who were involved in their care.

People told us that their care plans were reviewed on a regular basis and the care plans we saw in people's own homes contained up to date information. However, some care plans we saw at the agency office did not include up to date information and did not reflect people's current health care needs, including information about medication and nutrition. One person's care plan recorded details of a safeguarding investigation that had been carried regarding how they were assisted by staff to mobilise. The report of the investigation included a recommendation that the person's skin integrity needed to be closely observed. We noted that this information had not been incorporated into their care plan. Another person's care plan review had highlighted that staff needed to ensure they received a nutritious diet and that staff needed to prepare the main meal of the day. They also needed the support of a chiropodist in respect of their foot care. The person's care plan had not been updated to reflect this. This has been addressed in the well-led section of this report.

We saw that care plans included brief information about people's likes and dislikes but minimal information that would enable staff to provide person-centred care. The registered provider told us that they planned to re-introduce a 'one page profile' that included information about the person's previous life history and lifestyle. They anticipated that this would give staff more information so they could provide individualised care.

People who we spoke with were aware that they had a care plan in place. They told us that care workers made notes in their care plan each day. One person said, "There is a book they write in every morning. The carers look to see what the previous carer has done and makes notes before they go." A relative commented, "The carer has a log book and writes a report so there is a comprehensive history of every time they make a visit." Although one care worker told us they thought some staff did not record enough detail in these daily records, the records we saw included sufficient information about the tasks that had been carried out and about the person's general well-being. This helped to ensure that staff were aware of each person's latest care needs.

People told us they would ring the agency office if they had a concern or complaint. When people had contacted the agency office, their satisfaction with the response they had received varied. One person said, "I complained about a week ago. They told me they were under staffed. A senior carer came and agreed the carer couldn't do everything I needed in half an hour. The office said they would look into it. The matter hasn't been resolved yet and I'm wondering what is happening." However, comments from other people included, "I rang the office to say we didn't like a carer and they did deal with it. They didn't send them any more" and "In a survey I told them I didn't get a rota and they sorted it out."

We checked the complaints log and noted it contained forms ready for people to complete if they wished to make a complaint. There was also a complaints summary form that had been completed each month. This included the date the complaint was made, the date it was acknowledged and the date it was resolved, plus the details of the complaint, the action taken and the response sent to the complainant. We saw there had been six complaints during January 2017. We noted that the complaints about staff had been or were in the process of being investigated and all members of staff involved had being required to attend the office to meet with their line manager so that a decision could be made about what action to take.

Two people who used the service told us, "They are always at the end of a phone. If there's a problem, they will sort it" and "If I had any concerns I would ring the office and I believe they would try to put things right." Care workers told us they would inform their care coordinator if someone raised a concern or complaint with them. They were confident the issue would be dealt with but said they would not hesitate to inform the registered provider if they felt the issue had not been managed satisfactorily

Four people who we spoke with told us they could recall completing a survey asking for their opinions and views about the service. One person told us they had received some feedback about the results of the survey. They said they were thanked for taking part and were informed which area of the service the agency planned to improve. However, another person said, "Yes, I've had a survey but we don't get to know the outcome." Relatives also confirmed they had received a survey.

We checked the quality assurance records and noted a 'client / family' questionnaire had recently been distributed. We noted the responses had been analysed and we saw a copy of the letter that had been sent to all staff (but not people who used the service) informing them of the outcome. We noted that some responses were positive, such as 'The agency knows exactly what I need and I am happy they will provide it', 'Staff show kindness and understanding' and 'Staff arrive on time'. The letter recorded that some areas required attention. For example, there was a lack of travel time for staff in between calls and as a result, rotas in all areas had been revised to include travel time. Staff shortages were also highlighted as a concern, including only one care worker attending a call when two were needed. The registered provider had recorded that this only occurred when they had been assured by the person's family member that they could act as the second care worker. Another area of concern was rotas being changed without notification / inconsistent staff. The registered provider had recorded that rotas would be sent out two weeks in advance in future. However, during this inspection we received information indicating that these improvements to practice had not yet been embedded.

Some care plans included records of spot checks that had been carried out by care coordinators or senior care workers. These gave senior staff the opportunity to observe staff practices but also to ask people if they were satisfied with the service they received.

In one care plan we saw a quality control checklist. This indicated that people had been asked a variety of questions, such as whether the staff arrived on time, if staff were pleasant and polite, if they were informed of staff changes, if staff wore their uniform and if the office could be contacted. The person had responded positively to every question asked. It was not clear whether this had been completed by agency staff conducting a home visit or over the telephone.

Requires Improvement

Is the service well-led?

Our findings

The registered provider told us that the compliance officer produced a report each month that highlighted anything that was overdue, such as staff training, appraisals and spot checks. Training information was passed to the in-house trainer and information about appraisals or spot checks was passed to the relevant care coordinator or senior care worker. Care workers and their line manager had to sign to record when overdue tasks had been completed so that the compliance officer could update the database. However, we noted that some staff training and most supervision / appraisals were overdue so questioned whether this system was being used consistently.

Several people who we spoke with mentioned that the lack of travelling time between care worker's calls was a concern. They said that this meant they did not always receive the service that had been agreed with them. One person said, "It's a regular thing them being late. It's the fault of the office as the carers don't get travelling time, so they have to cut my call short or the call of the next person" and another person told us, "The list of calls doesn't allow for travelling time. For example, they have to travel six miles and are due at the next call at the same time they are due to leave the previous call. There could be improvements in planning." However, other people told us that the care workers arrived on time and stayed for the right length of time.

Care plans included a daily care schedule that recorded the tasks that care workers would complete at each visit. When a person needed assistance from staff with moving and handling, the schedule recorded whether one or two staff were needed to provide this support. Five members of staff told us that they did not have enough time to spend with people. One care worker said, "Everyone is different. Some people only need five minutes and others need more than the 30 minutes allocated to them. I feel as though I am rushing some people a bit." Another care worker told us, "Medication calls are OK. I do as much as I can whilst I am there but I don't have time to sit and chat." One care worker said that their calls were close together so this was not an issue.

Most people received a rota informing them which staff would be attending each day, and at what time. Some people said that they only knew a new care worker would be attending them by the name on the rota. Several people told us that, if the person listed on the rota could not attend, they were not informed about these changes. Comments included, "If someone goes off sick they are meant to ring and tell me. It says so in the file. They never ring to say when a regular carer is unable to come. They just turn up" and "I get a rota which tells me about the visits. For most of the time it is correct, but they don't always let us know if there are changes in staff. I'm okay with that." Only one person told us they had experienced a 'missed' call. The registered provider explained the new call monitoring system to us. They said a new member of staff had been employed to check this system throughout the day. They explained to us how this would reduce the number of late and / or missed calls.

We observed that staff working in the agency office had a positive attitude and they were helpful in providing information for us on the day of the inspection. People told us that they had contact numbers for the office, both within office hours and outside of office hours. We saw that these numbers were provided for

people in the information packs held in their own home. One person said, "I have the number and the out of hours number. I rang when one was late coming. They said they were on their way" and another told us, "I know if I ring them they will ring me back." However, one person told us, "99 times out of a 100 they don't ring you back" and another said, "They say they are going to ring you back, but usually they don't."

We asked people if they felt the service was well managed and their responses varied. One person told us, "It works for me now. Things are more settled" and another said, "It seems to be well led as far as I am concerned." However, other people told us, "I think it is managed appallingly. No-one rings us to tell us what is happening and carers don't get travelling time" and "They are a bit disorganised. They rang me four times to ask if I needed cover over Christmas and the New Year." Two relatives mentioned that there had been a very unsettled period when lots of care workers had left the organisation, although one relative said that this had improved during the last few weeks. A care worker told us, "However, I'm not sure the care coordinators really care. They just want us to get the job done."

We also asked care workers about the management of the service and again the responses we received varied. Comments included, "It's now so much better under the new management team", "It seems organised", "They [managers] don't always listen" and "Problems arise when we are short staffed. They are not very organised and there's a lack of communication, for example, when service users go into hospital." One care worker commented that work was not fairly distributed. They said that some care workers only worked 9 - 5, Monday to Friday whilst other care workers were expected to work at any time.

We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept, easily accessible and stored securely. However, some records were not up to date including those in people's care plans and some medication administration records.

These shortfalls in recording and inconsistencies in the service provided are a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014: Good governance.

The registered provider is required to have a registered manager as a condition of their registration. At the time of our site visit to the agency office the manager was not registered with the Care Quality Commission (CQC). However, the manager had a registration interview with CQC the day before the site visit and was awaiting the outcome.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. We had not received any notifications in respect of accidents, incidents or allegations of abuse, although the registered provider assured us they understood when a notification needed to be submitted to CQC.

We noted that the organisation had up to date policies and procedures in place, including those for quality assurance, medication, MCA and safeguarding adults from abuse. There was a hard copy held at the agency office. In addition to this, each member of staff had their own password so they were able to access these documents on line. Staff were notified by the office when a policy or procedure had been updated and the system allowed the registered provider to check that updates had been read by staff.

We asked staff to describe the culture of the service. Their comments included, "Interesting, very social job and the office are very involved", "Friendly – I get on with them all", "All friendly staff. Reliable and generally on time" and "Friendly. [Name of registered provider] is brilliant. Things are changing – they are settling down now."

The registered provider told us there were currently no formal staff meetings for care workers. However, care workers in one area met informally and any important information discussed was fed back to the agency office by the senior care worker. We discussed how it would be helpful for staff to meet periodically so they could discuss the people who received a service and the registered provider informed us this was on their 'to do' list. Care workers told us they felt staff meetings would be beneficial, as long as they were held close to where they lived.

There had been no recent quality assurance surveys distributed to staff. The registered provider told us they planned to send one out by the end of February 2017, and we saw details of the staff questionnaire that was due to be sent out.

We noted that one staff meeting had taken place for care workers in the Hull area. This had been arranged so identified concerns could be discussed. These included the topics of clocking in and out, care workers not staying for the full length of time agreed, communication, staff sickness levels, staff concerns and rotas. Another meeting had been held for senior staff on 9 January 2016. There was no minutes but the notes we saw indicated that the topics discussed included senior care coordinator responsibilities, quality assurance, higher pay and mileage payments, call monitoring, 'carer of the month', charities and a newsletter. There was a register in place that recorded when senior care staff had met with the registered provider so that their responsibilities could be explained to them.

The registered provider told us it had been difficult to monitor missed calls over the Christmas period as not all office staff had access to the call monitoring system 'out of hours'. As a result, the office has started to open at 7.00 am so that the system could be monitored from 7.00 am until 5.00 pm each day. One of the care coordinators was 'on call' from 5.00 pm until 7.00 am the next morning. They took the office laptop home with them so they had access to the call monitoring system. This meant that the call monitoring system was accessible to staff over a 24 hour period. The call monitoring system highlighted late calls and the registered provider told us those people would get a telephone call from the office. The system refreshed every ten minutes so agency staff quickly became aware of late or missed calls. There were some concerns about there being two IT systems in place; one used by Hull City Council and one used for people living in the East Riding of Yorkshire. The registered provider assured us that this had recently improved and was no longer an area of concern.

There had been no audits to monitor the quality of the service, such as those for infection control, medication, care planning and recording. However, medication audits and an accident / incident audit had recently been introduced. We asked a care worker if there had been any learning from accidents, incidents or complaints. They told us they could not think of an example, but they were certain any issues would be discussed openly so that staff could share any learning arising from the situation.

It was apparent from the information we saw that the registered provider was aware of good practice guidance in respect of supporting people who lived in their own home, such as local authority information about safeguarding adults from abuse and the requirements of the Health and Social Care Act 2014. They told us they kept up to date with new developments by checking the CQC website, the local authority website and by reading care sector publications.

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 registered provider had not established effective systems or processes to ensure compliance, or to monitor and improve the quality and safety of the service. The registered provider had not maintained an accurate, complete and contemporaneous record in respect of each service user, including a record of the care provided. Regulation 17 (1)(2)(a)(c)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had not ensured that new employees were of good character, or had the qualifications, competence, skills and experience necessary to carry out the work to be performed by them. Recruitment procedures had been established but were not operated effectively. Regulation 19 (1)(a)(b)(2)